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ORIGINAL ARTICLES

THE PRACTICAL DIAGNOSIS OF UNCOMPLICATED ULCER OF THE STOMACH*

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Ulcer of the stomach in a majority of instances is the result of several factors, rather than of any single one. The first and the earliest recognized element in the production of such ulcers is the hydrochloric acid content of the gastric juice. The generally accepted statement that hyperacidity is present in ninety per cent of the cases is, however, open to question.

There is much evidence pointing to the conclusion that hyperacidity is a resultant phenomenon, rather than a causative factor. The statistics of ulcer of the stomach heretofore compiled have been gathered chiefly from clinical diagnoses and post mortem examinations, and not from cases still living upon whom operative demonstration has been made.

While some value should be given these older statistics, the fact that during the past few years it has been clearly demonstrated beyond question that extragastric pathologic conditions may and often do give rise to symptoms so closely simulating those of a gastric ulcer that it has been impossible to differentiate them clinically, suggests the criticism that in the long list of cases given by some authors there have been included many instances of appendical or gall bladder disturbances whose atypical symptomatology has occasioned confusion.

The fact that of all ulcers of the stomach nine-tenths exist in the pyloric region, leads to the conclusion that traumatism is an important factor, since it is here that the propulsive and grinding properties of the stomach are chiefly exerted. This conclusion that direct physical, in conjunction with chemical action, is a potent factor is further strengthened by the position and frequency of occurrence of duodenal ulcer. Ninety per cent of duodenal ulcers are within two inches of the pylorus, and the very great majority of them are on the superior and anterior wall which is the first portion to receive the forceful impact of the acid chyme as

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it is ejected through the pylorus. Further factors which may excite the ulcerative process are such conditions as infection, diminished nervous tone, embolism and thrombosis, etc. Though each has received some degree of pathologic confirmation, their very multiplicity indicates that the explanation is inadequate, except in some few instances. Possibly the best suggestion is that of Mayo that the *essential* factor is of a general non-determined character, which may be termed lack of local resistance, and which is the result of some nutritional disturbance possibly in the nervous, circulatory, or glandular economy.

SYMPTOMATOLOGY

Granting, however, that the ulcer is present, how may it be recognized clinically and with reasonable certainty?

Uncomplicated ulcer of the stomach in its most frequent situation, in the neighborhood of the pylorus and on the lower limits of the lesser curvature, presents a symptom-complex, peculiarly characteristic—one, indeed, that is scarcely approached in its definiteness by any other intra-abdominal condition. The cardinal factors of this symptom-complex are, (1) chronicity, (2) periodicity, and (3) pain, peculiar in the time of its occurrence, regularity, and the method of its relief.

The following observations are based upon the study of fifty consecutive cases of ulcer of the stomach occurring in the practice of Doctors William J., and Charles H. Mayo, of Rochester, Minnesota. In all of these cases the clinical diagnosis was confirmed by an operation.

CHRONICITY

The average duration of the symptoms in this series of cases before surgical relief was sought was ten years. The average age at the time of operation being forty-five, for males forty-seven, for females forty-one. This reduces the age at which ulcer of the stomach occurs to thirty-five, which is then the period at which its inception should be tabulated.

PERIODICITY

In seventy per cent of the cases the patients remarked that their complaints came in definite attacks, lasting from one to four weeks, as an average, and that in the interval practically no discomfort was experienced. The seasonal influence of the remissions is noteworthy, the spring and fall being the times of the year in which they were accustomed to anticipate a renewal of their stomach distress. This constantly recurring cycle of trouble with its interval of health, when taken in conjunction with the accompanying symptoms, is quite pathognomonic of ulcer of the gastric outlet, and is so characteristic that on it alone one may with moderate certainty offer a tentative diagnosis.

Seventy-two per cent of the cases were males and twenty-eight per cent females. This corresponds exactly with the findings of Seymour Taylor in his collection of one hundred cases. Mayo in analyzing several hundred operated cases, places the average for men well over fifty per cent also. This is in direct contradiction to the statistics of Welch and Fenwick, Brinton, Boas, etc., much of whose material was post mortem, and to the opinions of most every observer that has made the diagnosis from the clinical history only.

The fancied cures obtained by various means are, it would seem, rather mythical, the subsidence of symptoms being but further evidence that the disease persists, only to renew its course at a later date, leading as it has done in so many instances to chronic invalidism, and allowing the sufferer to carry the potential factor for the subsequent development of carcinoma, which relation has been so

positively demonstrated as to allow it no longer to stand on a hypothetical basis.

PAIN

The most important symptom, and that from which we are led to form our most definite conclusions, is the pain complained of. It is probably the most constant symptom, and of the manifestations of ulcer the most characteristic. Its particular site in the upper abdomen, and its character are not so relevant to a diagnosis, as is the *time of its occurrence*, each individual having his or her own schedule, which does not change. The time of its occurrence after the taking of food may give us a clew as to the location of the ulcer, the farther away from the pylorus the earlier its onset, but this does not always hold good. It is the *regularity* and *precision* of its return after eating that is of importance. There is never the capriciousness noticed which characterizes the distress reflexly produced from appendicitis or gall bladder involvement. Its onset is *definite* and it recurs *regularly*, usually about two hours after meals; although it may occur earlier or later. One of the latest text books follows those of the older school in reiterating the statement in italics that the pain occurs "generally a few minutes after eating." This occurred in but three instances in this series; one a case of pyloric obstruction, another of an ulcer of the entire lesser curvature; the third of an uncomplicated ulcer of the pylorus.

No less striking is the phenomena of its complete relief. This is accompanied in the very great majority of cases by the ingestion of more food or alkalies, the remaining few obtain temporary relief by vomiting. Belching of sour, acrid gas was complained of by at least sixty-five per cent of the patients, and served to ameliorate the distress to some degree at times.

Vomiting occurred in eighty-six per cent of this series, accompanied by large amounts of blood in twenty-two instances, or forty-four per cent. It was also noted in the stool subsequently in but six cases, or twelve per cent.

The value of analysis of the gastric contents after a test meal in ulcer of the stomach has been greatly exaggerated heretofore, as we have been unable to determine any constituent or group of constituents in it which are in any way pathognomonic. There are, however, several points which may be noted as suggestive of this condition.

The former teachings that hyperacidity is present in over ninety per cent of the cases, and that in these same statistics the pain occurs within a few minutes after eating, practically confirms us in the conclusion that many of these may not have been instances of gastric ulcer, but more probably of hypersensitiveness of the mucosa reflexly produced from some extra-gastric lesion, possibly accompanied by a moderate degree of gastritis. In any event, these statements have not been confirmed by operation, and must be viewed with considerable skepticism in our present day insistance that clinical diagnoses must have countenance lent them by absolute pathologic evidence.

The average total acidity in this series was fifty-six, and that of the free hydrochloric acid content forty-one, both of which are within normal limits. A majority of the cases gave not only clinical symptoms of a hypersecretion of the gastric juices, but also objective evidence of an increased quantity in their test meals. This, however, contained no quantitative increase in the hydrochloric acid, forming, therefore, a combination very suggestive in the differentiation of ulcer of the stomach from that of the duodenum, since in the latter hypersecretion is accompanied by

a definite hyperacidity, found by the author to be present in one hundred consecutive cases examined by him, in all of which ulcer of the duodenum was later demonstrated at operation. In this series of cases the total acidity averaged seventy-seven.

Grossly considered, there is one point which thus far has proven pathognomonic when present; that is the appearance of a dirty or muddy extract. This is further emphasized by the occurrence of black streaks throughout the bread suspension. This phenomenon has been noticed in but sixteen per cent of the cases considered, but has never been observed in any other condition, except carcinomatous involvement, and seems, therefore, to give us very suggestive evidence of some ulcerative process of the stomach mucosa.

Statements have been repeatedly made that in ulcer of the stomach mucus is absent. This is erroneous, as it is almost universally present, which contention is confirmed by the observation of the mucosa in over one hundred and fifty cases at operation in which ulceration of the stomach has been demonstrated, whether alone, or in conjunction with carcinoma.

145 Gates Avenue.

DISCUSSION.

C. D. AARON, Detroit.—This paper of Dr. Pilcher, recommending the verification of the diagnosis by operation, is timely and suggestive. I have only a few suggestions. First, the doctor said nothing about the character of pain that we see in gastric ulcer as determining its location and character. The pain is peculiar. It is boiling, gnawing, an aching and exciting sensation. It is never colicky, and it seems never unendurable. It is worst after meals, which we call "'food distress;" and when we find that the pain is relieved for an hour or an hour and a half after eating, we call that "food relief;" and when the food relieves pain for two hours or longer, and this pain or this relief is followed with a gnawing sensation, or, as we might say, a sort of hunger pain, we know then, or we suspect that the ulcer is in the duodenum. Therefore, what the doctor said as to the definite time of relief and the definite time of the pain that food or alkali will give, is important in the diagnosis.

One imoprtant objective measure in making a diagnosis of ulcer of the stomach is the finding of occult blood in the feces when the patient has been placed on a meat diet. Occult blood in the feces, with symptoms of vomiting, pain, and persistent sour stomach, is very suggestive. I have found, recently, the use of Einhorn's thread test very valuable in making the diagnosis. Einhorn's thread test consists in the taking of a white braided silk thread to which is attached a small duodenum bucket. There is a knot about seventy-five centimeters from the duodenum bucket, and a loop attached to the end of the thread so that this knot will not go down any further than the incisor teeth. The patient is given this small duodenun bucket, preferably at night. From two to eight hours after the patient has taken this bucket it will enter the duodenum. The bucket is removed and you look along the white thread for stain. This stain is either brown or red. If we find a stain 39 to 43 centimeters from this knot the ulcer is located in the cardia; should we find a stain from 45 to 50 centimeters from the knot, the ulcer is in the body of the stomach. Should the stain be found 53 to 56 centimeters from the knot the ulcer is in the pylorus; should it be from 60 to 65 centimeters the ulcer is in the duodenum. Now, for the blood we can make the same examination of the stain on the thread that we do for occult blood in the feces. In other words, we can make the Tenter test or Lawson test on the thread, which tells us that blood is present. I have not only found this thread valuable in making the diagnosis, but I have found it valuable in telling us whether the ulcer is old or not, which is an important point, for if you have based the operation on an old ulcer, and then give them the Einhorn's thread test, you will find there will be no stain on the white thread.

(*Discussion Continued in December Number.*)

CYSTS OF GAERTNER'S DUCT*

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Cysts of Gaertner's duct have been reported at various times during the last thirty years. They are interesting on account of the rarity of their development. Cysts of the vagina, according to Fritsch, occur in about one per cent of the cases examined. Graefe saw nearly twenty cases in one year and Von Preuschen found six cases in thirty-six cadavers which he examined.

Cysts of Gaertner's ducts are not so common as vaginal cysts. Robert Watts, in 1881, reported a case of cyst of the anterior vaginal wall developed from Gaertner's duct. Graefe, in 1882, reported two cases which were probably cysts of Gaertner's duct and in one case there were two cysts developed in Gaertner's and one in Mueller's duct.

Warren, in 1883, reported a case of cyst of the anterior vaginal wall which had been mistaken for a cystocele but proved to be a cyst of Gaertner's duct. Baumgarten, in 1887, reported four cases which he regarded as cysts of Gaertner's duct. Johnston, in the same year, reported a case of cyst of the vaginal portion of the right Gaertner's duct. Cullen, in 1905, reported eleven cases of cysts of Gaertner's duct out of fifty-three cases of vaginal cysts that had been treated at the Johns Hopkins Hospital from 1893 to January 1st, 1904. Hardouin of Paris reported two cases in 1910. Numerous other cases have also been reported in medical literature.

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Gaertner's duct was first mentioned by Malpighi in 1681 who discovered it in the uterus of the cow. In 1822 Gaertner described these ducts again and they have since been called Gaertner's ducts. They are quite large in the cow and Bland-Sutton has reported a case of two cysts of one of them in that animal.

An illustration of this specimen is shown in Figure I. Chevan, in 1859, described these ducts in the cow as mucous ducts which open beside the urinary meatus and extend upwards in the lateral walls of the vagina to a point about six to eight centimeters beyond the cervix.

Rieder, in 1884, was the first to point out that the Wolffian duct may persist in the adult woman and, in his opinion, it occurred in every third case.

He described the duct as an epithelial tube, surrounded by a muscular coat, in about one-fifth of the cases, or a muscle bundle without epithelium, in about one-sixth of the cases. The duct is generally lined by a double row of cylindrical epithelium although in some cases it is limited to a single row.

The Wolffian duct continues down through the broad ligament along the side of, or in the substance of, the uterus. Then it enters the antero-lateral wall of the vagina in its muscular layer just beneath the mucous membrane and continuing downwards in the vagina it opens near the urinary meatus. It is this portion of the Wolffian duct which is called Gaertner's duct. This duct generally disappears in

the adult, or, if present, will be found only in fragments. Klein says: "In spite of their great rarity it has been established that the debris of the Wolffian ducts can be found the whole length of the vaginal wall, persisting as far as the hymen."

Figure II is an illustration of the formation of the uterus, the tubes and the vagina, and the relation of the Wolffian and Gaertner's ducts to the broad ligament, uterus and the vagina. This illustration is taken from Cullen's article on "Vaginal Cysts" in the Bulletin of the Johns Hopkins Hospital in 1905. It shows

undergo cystic dilatation as the result of the accumulation and retention of secretion. Cysts may also arise from fetal remains of a small portion of the epithelium lining the duct. These cysts vary in size, and may be as small as six millimeters in diameter or as large as several centimeters.

These cysts are covered with vaginal mucous membrane which is often atrophic over the region of the greatest distention. Cullen has reported a case where there was a small stem leading off from the main cyst, undoubtedly due to the fact

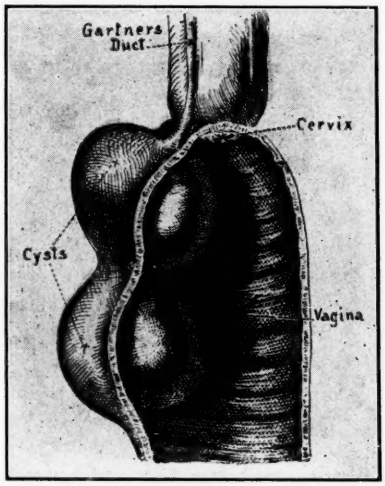

Fig. I—Vaginal Cysts in a Cow; due to dilatations of Gaertner's Duct.—Cullen.
Passing down the outer side of the cervix are Gaertner's Ducts. The duct on the left shows two distinct dilatations in the vagina, producing typical vaginal cysts. (Re-drawn after Bland-Sutton. Published by Keener & Co., Chicago, 1903.)

clearly how the outer portion of Mueller's ducts form the Fallopian tubes and the middle portions form the uterus and vagina. Gaertner's ducts are shown as passing down through the broad ligament into the uterus and vagina as a continuation of the Wolffian ducts.

In Figure III, taken from the same article, we have a cross-section of the uterus in a human embryo at the end of the third month. It shows a cross-section of Gaertner's duct in each side of the uterus. If these ducts persist in the adult as a whole, or in fragments, they may

that this portion had not yet yielded to the dilatation as much as the remainder. Veit found that these ducts become dilated in places, the points of dilatation being separated from one another by ring-like constrictions, and the cysts occur in these distended portions of the ducts. Debierre has noted similar constrictions along Gaertner's ducts which he compared to a string of beads lying in the vaginal wall.

The walls of the cyst consist of connective tissue with a few non-striped muscle tissue fibers. The inner surface of the cyst is usually lined by a single layer of

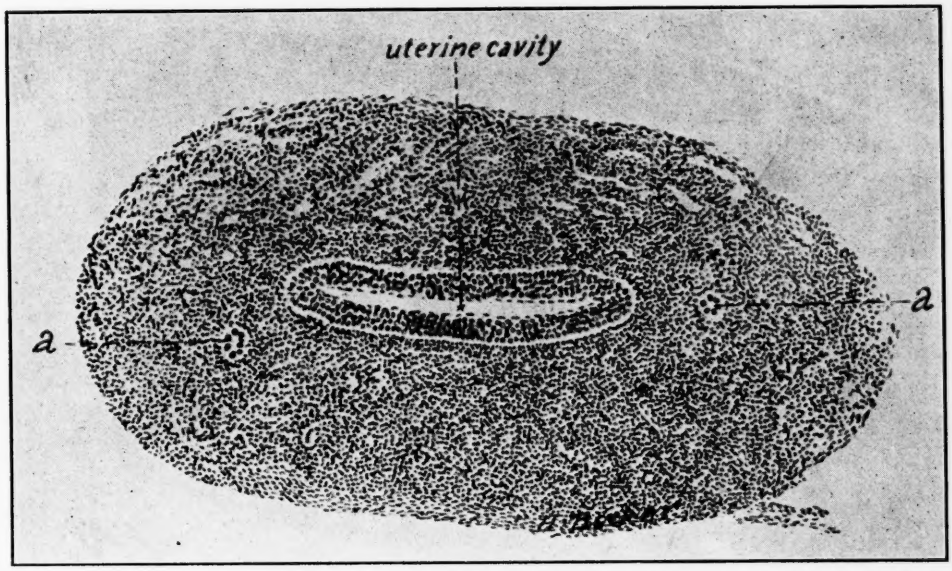

Fig. III—A cross section of the uterus near the cervix, showing Gaertner's Duct on each side of the uterine cavity (Fetus at the end of third month).—Cullen.

cylindrical, cuboidal, or almost flat epithelium. Sometimes spontaneous rupture will take place in these cysts when they may disappear or refill again or leave a fistula. Patients have died from infection of these cysts. The contents of the

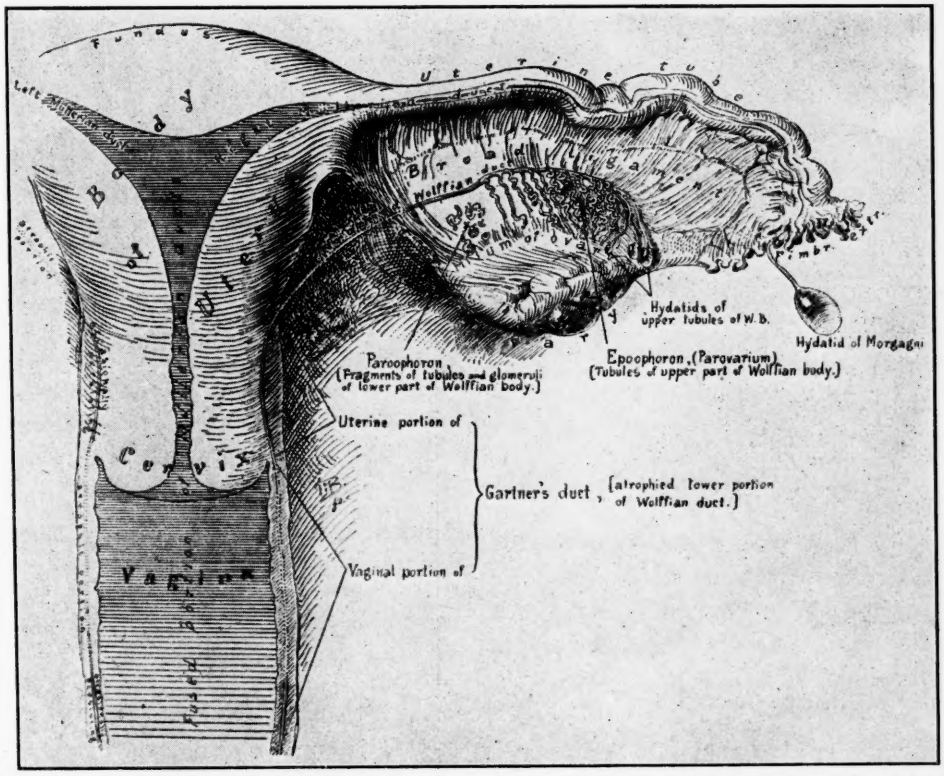

Fig. II—A schematic illustration of the formation of the uterus, the tubes, and the vagina, and of the relation o the Wolffin and Gaertner's Ducts to the broad ligament, uterus and vagina.—(Cullen).

cysts are generally a straw colored fluid, except that if there has been hemorrhage into the cavity it is chocolate colored.

Cysts of Gaertner's duct are generally conical or egg shaped, because the vaginal mucosa is separate from the cyst wall and is not attached to it, thus allowing the cyst itself to push it out as it enlarges in size. These cysts generally collapse on pressure because their fluid contents are forced up into the canal, but this will not take place if the duct has been closed off. The sac refills as the pressure is removed. Cysts of the anterior wall of the vagina must be distinguished from sub-urethral abscess and cystocele, a mistake which has sometimes been made. The mucosa covering the cyst is generally smooth and shining while it is wrinkled over a cystocele. In sub-urethral abscess pressure over the swelling will cause pain and pus will escape from the urethra. There will also be constitutional symptoms present.

Cysts of Gaertner's duct scarcely ever give rise to any symptoms and are usually not discovered unless a thorough vaginal examination is made on account of some other condition. They are of very slow growth but if they attain considerable size they may cause difficulty in locomotion or obstruction to labor. They may be in the anterior, posterior or lateral walls of the vagina.

The treatment consists in excision of the cyst wall after the evacuation of the contents and suturing the edge of the mucous membrane lining the cyst to the vaginal mucous membrane. This is the so-called Schroeder operation. By this method the sac is turned into the vagina and its cavity soon flattens out and disappears.

The report of a private case which the writer operated upon recently will perhaps be of some interest in connection with this paper.

The patient, Mrs. L. L., presented herself for treatment April 1, 1911. She is a widow and has one child, a girl five years old. Patient was healthy as a child. Her father is living and healthy at the age of 72. Her mother died from apoplexy. The family history is negative as regards any tendency to tumors. Menstruation started at the age of 15, is always regular without pain and lasts two or three days. She complains of a dribbling of urine which she has had all her life. It was somewhat worse after her baby was born. Her labor was normal in character and duration. Dilatation of the urethra with cold sounds has considerably lessened the frequency of micturition. Upon vaginal examination I found a cyst in the right posterior portion of the cervix. This cyst was about the size of a hen's egg and gave rise to no symptoms as the patient was not aware of its presence previous to the examination. The contents of the cyst could not be forced out under pressure. Patient also had a slight cystocele and rectocele.

April 18, 1911, she entered a private hospital for operation. On entrance it was discovered that she had an acute coryza, the operation was, therefore, postponed until April 20, 1911, when the uterus was dilated and curetted and a portion of the cervix removed for pathological examination but it proved not to be malignant. The cyst was found to extend up into the broad ligament as far as the horn of the uterus. It was, therefore, formed by a persistence and dilatation of the entire uterine portion of Gaertner's duct. Upon opening the cyst, it was found to contain a yellowish fluid and the entire sac was exised. The patient made a good recovery and there is no trace of the cyst at the present time. The dribbling of urine has also disappeared..

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DISCUSSION

CHAIRMAN SMITH, Grand Rapids.—This paper is so clearly put that I think some of you ought to get up and discuss it. However, of course, it belongs to a rare variety of cases, and one which a man very seldom sees. In my experience I have seen no cases—that is, in my own personal clinic, but I have seen one in New York in a clinic, and I think I saw one abroad—just enough to remind me of the possibility of such an occurrence. The question, however has come up on one or two occasions where we have found were the ordinary vaginal cysts, which are so much more frequent. I have had an invagination which affords a most interesting specimen showing an anomaly of this duct. The Wolffian duct as it goes into the cervix, which is shown here in the third month, usually loops; I don't know as it always does. My impression was that it always made a small loop backward and then came out. I know it does in some cases. In this specimen of mine, off from this duct there are numerous canals leading off and honeycombing the whole crevix. Now when the case was reported upon clinically, the cervix was almost like a sponge, due to the ramifications of these ducts leading off, evidently from the old Wolffian duct. The question was: What did these represent? and if one goes back into the embryology, remember that that Wolffian duct corresponds in the male to the seminal vesicles. In other words, that would be the same as in the male would correspond to the seminal vesicles. It is a rare thing, but one or two such cases have been reported.

SECRETARY PARMETER, Detroit.—I never have seen an actual case. Two specimens I have seen in a collecton of Gaertner's ducts. Gaertner's duct, as it leaves the broad ligament, does not always enter the uterus low down as shown in the cut. It may come into the uterus higher or might escape the uterus and enter the walls of the vagina even lower. The question arises: This duct being lined with epithelial cells, could carcinoma arise here? It does, occasionally, in fibroid uteri in which Gaertner's duct has passed through the side. Carcinoma can develop from these cells, as occasionally you will see reported fibroid uteri with carcinomatous adenoma. This is the place oftentimes from which it arises.

CONRAD GEORG, JR., closing: I might say that in the case operated upon it seemed to me that the duct entered the uterus at a higher point, because the cyst extended pretty will up into the broad ligament. It seemed to extend up as far as the coronary of the uterus, indicating that the diagram would not hold for all cases. Of course this diagram deviates. This diagram I took from the pelvis of a case at Johns Hopkins Hospital, but I think in the case indicated the duct entered the uterus in a higher point.

THE RELATION OF PREMATURE RUPTURE OF THE AMNIOTIC SAC TO PUERPERAL SEPSIS*

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The prevention of puerperal sepsis is a problem that has for many years called forth a great deal of discussion. Holmes (1), in 1843, and Semmelweiss, (2), in 1846, by their recognition of the contagiousness of puerperal sepsis, introduced an era of advancement such as had never before been witnessed by the medical world. This was pioneer work and it remained but for others to follow and lift it to its present high state of development.

In recent years the interest in the prophylaxis of puerperal sepsis has been somewhat on the decline. This is probably due to several conditions. The introduction of antisepsis and asepsis into obstetrics has opened up so many other fields of clinical investigation that one has hardly time to consider any but fundamentals in this line. Placenta previa, contracted pelves, toxemias of pregnancy, operative obstetrics,—the investigation of all of these has been made possible by the aseptic era in obstetrics.

Furthermore, we seem to assume that the question of prophylaxis of puerperal sepsis has been completely solved, and, like other solved problems, needs no further consideration. We think that all we need to do is to keep our hands clean and that then our patients will not have sepsis. But that there are other problems to be considered is shown by the fact that occasionally we will see a case of puerperal sepsis in spite of rigid aseptic precautions. We have probably all seen or heard of authentic cases of sepsis where the obstetrician had not made a single vaginal examination. Usually we look upon such cases as autoinfections, and do not attempt to explain the occurrence of the sepsis. The fact that an obstetrician with a good aseptic conscience will occasionally have a case of sepsis proves that there is still room for investigation. The object of this paper, however, is not to consider puerperal sepsis in general, but to discuss any possible etiologic relation that may exist between a premature rupture of the membranes and a subsequent puerperal sepsis.

The amniotic sac consists of two layers, an inner thin layer, the amnion, and an outer thick layer, the chorion. These are fused together and make up the structure known as the "membranes." During normal pregnancy this, with the placenta, forms a closed sac, and contains the amniotic fluid which surrounds the fœtus. The cervical canal is normally closed by the "plug of mucus."

The amniotic fluid is a protection for the fœtus, and, during labor, is the media for the transmission of the expelling forces which cause dilatation of the cervix. The elastic bag fits well into the

*Read at the forty-sixth annual meeting of the Michigan State Medical Society, Detroit, September 27, 28, 1911.

cervix and the lower uterine segment and makes it an admirable dilator for the soft parts. After the cervix is dilated the amniotic sac is of little use, and usually ruptures. Any rupture that occurs before the cervix is dilated is, strictly speaking, a premature rupture. However, in the present discussion we will have reference only to such cases where the rupture occurs before beginning of labor, or very early in labor before dilatation of the cervix. In these cases we have to deal with so-called dry labor.

Obstetricians have never expressed definite opinions as to any relation a premature rupture might bear to a subsequent puerperal sepsis. A rather hasty review of the recent work fails to show any definite statement. Hirst (3), Davis (4), Jellett (5), Moran (6), Lewis (16), Williams (7), Edgar (8), Galabin and Blackner (9), and others dismiss the subject without a word as to any relation between premature rupture of the membranes and puerperal sepsis. It is quite safe to assume that the neglect to mention the relationship does not mean that such is not recognized. Indirect communication with certain of these authorities shows that some relation between the two is believed to exist. However, not much importance is attached to this connection and no attempts at prophylaxis are usually made.

Meyer-Ruegg (10), reviews twelve cases in which several months elapsed between the rupture of the membranes and the birth of the child. It is rare for pregnancy to continue after rupture of the membranes, but these, without a doubt, are authentic cases. In speaking of sepsis he states that the danger of infection is very slight, if it exists at all.

Demelin (11), found in a series of 4000 deliveries that the membranes ruptured prematurely in nearly 10 per cent of the cases, and if this occurred twenty-four to forty-eight hours before delivery, the morbidity was definitely increased. If the rupture took place two to five days before delivery, infection occurred in no less than 11 per cent of the cases.

Peterson (12), has called attention to and emphasized the fact that a premature rupture of the amniotic sac may predispose to a subsequent puerperal infection.

Routh (13), in his recent article on Cesarean section, gives some very interesting statistics. In his studies of mortalities following this operation he has found a great difference in percentage mortality between "clean" and "infected" cases. Among the "infected" cases he classifies cases where attempts at delivery per vaginum and many vaginal examinations had been made prior to the Cesarean section. Besides the "clean" and "infected" cases he classifies another group as "suspect" cases. These "suspect" cases differ from the "clean" cases in the fact that the membranes have ruptured. According to Routh's statistics the mortality of Cesarean section performed after the membranes have ruptured is 10.8 per cent compared wih 2.9 per cent in similar cases but with the membranes intact. A consideration of such reports must bring us to the conclusion that an early rupture of the membranes does in some way predispose to infection.

As a basis for this discussion a careful study has been made of the last 300 patients confined in the obstetric clinic of Professor Peterson at the University of Michigan Hospital. Careful notes are kept concerning the convalescence of patients, as well as careful temperature records. A staff of specialists in the various departments of the hospital is always available for consultation in doubtful cases. It is not always easy to differentiate between a slight rise in temperature due to puer-

peral sepsis and a similar rise in temperature due to other causes. Whenever the temperature reached 101°, it was considered an evidence of puerperal sepsis unless some other definite cause for the rise in temperature was discovered. In most of the "mild" cases the rise in temperature and pulse was the only evidence of sepsis, and if these had occurred in practice and a careful temperature record had not been kept they would probably not have been classed as septic cases. Practically all the patients were illegitimately pregnant and a large per cent had venereal diseases. After careful scrutiny the results were found as they are herein stated.

Among 300 confinements premature rupture of the membranes occurred 38 times, or about in twelve per cent of all the cases. The longest interval between the rupture of the sac and the beginning of labor was 96 hours. In many cases the pains began immediately after the rupture. The labors in these 38 cases were not excessively long; in fact, hardly the average when we consider that nearly all the patients were primiparae.

In 262 cases the membranes ruptured normally. Among these there were five cases of puerperal sepsis, a percentage of one and nine tenths. In four of these the sepsis was mild while in one it was severe. Therefore, in the cases where the membranes were intact during the greater part of the first stage, there was a mild sepsis in 1.5 per cent of all cases, and a severe sepsis in 0.4 per cent of all cases.

Among the 38 cases in which the membranes ruptured prematurely there were 8 cases of puerperal sepsis, a percentage of 21. In three of these eight patients the sepsis was severe, while it was mild in five cases. Stated in percentages, it would mean that of the 38 patients in which the membranes ruptured prematurely, 8 per cent had a severe sepsis, and 13 per cent had a mild puerperal infection.

The mortality in the 300 cases was nil, all the patients recovering. One patient was lost sight of, however, before complete recovery and the subsequent history is unknown.

One is impressed with the difference in the morbidity of the two classes of patients. As the method of treatment was the same in both classes of patients and the cases were all scrutinized from the same viewpoint, one feels that the comparison must be a fair one. It means that puerperal sepsis occurs fully ten times as frequently after premature rupture as it does after normal rupture of the membranes. It would hardly seem that this was merely a coincidence. The comparisons, tabulated would be as follows:

	Number of Cases of Sepsis	Mild Sepsis	Severe Sepsis
Premature Rupture of Membranes.....	8	5	3
38 cases.....	21 per ct.	13 per ct.	8 per ct.
Normal Rupture of Membranes.....	5	4	1
262 cases.....	1.9 per ct.	1.5 per ct.	0.4 per ct

It is seen from the table above that mild sepsis occurred eight times as frequently after premature rupture as after normal rupture. As previously mentioned, the only indication of sepsis in these "mild" cases was the rise of temperature and pulse, which could not be attributed to any other cause. These patients did not feel sick, and the sepsis did not necessitate a longer stay in the hospital than was required for patients with a normal puerperium.

Severe sepsis occurred about twenty times as often in the cases where the membranes ruptured early as in the cases with normal rupture. These were grave cases of infection and the patients were seriously sick for many weeks.

Why a premature rupture of the membranes should predispose to a subsequent

sepsis has not been positively determined. A dry labor is usually more difficult, and, as the presenting part is not a good dilator, the soft tissues may tear rather than stretch. Thus excessive obstetric trauma may predispose to sepsis. It is also possible that a premature rupture might in some cases be directly due to an existing infection. A sepsis following the confinement might be credited to the premature rupture while, in reality, the early rupture was the result of infection, and not the cause. But we know from microscopic examination of the secundines that premature rupture may often occur with apparently healthy membranes.

The bacteriologic content of the vagina during pregnancy has been the subject of considerable investigation. The results obtained have been so at variance that they complicate rather than elucidate the subject. Williams (7) considers that the normal vaginal secretion during pregnancy is free from pathogenic germs, and for that reason looks upon "auto infection" as an impossibility. Döderlein and Bumm find streptococci and staphylococci in the normal vaginal secretion of some pregnant patients. Williams considers that the finding of these bacteria is due to an error in technic resulting in contamination. On the other hand, Döderlein (14), and Bumm (15), claim that the bacteria can be demonstrated if the proper culture media is used. Equally variable are the results when the flora of the normal puerperal uterus have been investigated. Very little is known concerning the bacteriology of the vagina during labor, and we have no knowledge concerning the bacteriology of the amniotic sac after the rupture of the membranes. Practically all investigators agree that the vulva is very frequently the abode of pathogenic streptococci and staphylococci.

The question as to the presence or absence of pathogenic bacteria in the vagina might alter our ideas as to how an infection takes place. Yet it should not affect it radically. Granted, for sake of argument, that the normal vaginal secretion is free from pathogenic germs. After one vaginal examination this condition might be changed. If the criticism of Williams concerning the finding of pathogenic bacteria in the vaginal secretion by Döderlein and Bumm is correct, and if it is so difficult to prevent contamination even when the vagina is opened widely by means of a sterile speculum, then we can readily assume that the vagina will be contaminated with vulval bacteria after making the first vaginal examination. No one has as yet been able to sterilize the vulva absolutely. Whether or not the vagina is normally free from pathogenic bacteria, it surely is contaminated with vulval bacteria after a vaginal examination has been made.

During normal pregnancy the uterine cavity is securely protected from the outside world by the "plug of mucus." This probably prevents infection from going up not only because of the mechanical barrier it forms, but because of the presence of phagocytes which may actually destroy the invading organisms and prevent infection of the amniotic cavity. The open canal which is present following the rupture of the membranes would expose the amniotic cavity to an infection that might exist in, or have found entrance into, the vagina. Nature's efficient barrier would be lost.

If the vagina were free from pathogenic germs there would be very little likelihood of a puerperal infection developing. The truth of the matter is that the vagina often does contain pathogenic bacteria, and most likely they are the result of contamination from the vaginal examinations. The importance of having our hands clean has been impressed upon us so strongly that

we feel that this is about all that is necessary, and we are quite fearless about making these examinations. This is especially so since in most cases we do so with apparently no untoward results. When the membranes are intact any vulval infection we may introduce does not go up any higher than the cervix, but if the amniotic cavity be open it can be easily infected. If enough time elapses before the emptying of the uterus the infection of the membranes will extend to the decidua and into the sinuses before the contraction of the uterus effectually closes the channels for further extension. It would seem that although vaginal examinations can be made with comparative safety in a normal labor, the examination conducted with the same care and precaution becomes more perilous in case the membranes have ruptured prematurely. The vulva is the most likely source of infection in these cases, and we cannot absolutely sterilize these parts. The wearing of sterilized gloves does not insure against this infection. The question of the bacteriology of the vagina is of little importance if one makes vaginal examinations on these patients. In either case the examining finger in the os carries up whatever infection is found in the vulva. The first examination thus made is sufficient to plant the contamination in the vagina. Fortunately, every vulva does not harbor these pathogenic organisms and therefore not every patient is infected. The open uterine cavity with the absence of the mucus plug, together with contamination from the vulva carried up by the examining finger, seems to be the most important factor in the production of sepsis after the premature rupture of the membranes.

During the puerperium the birth canal is open, and if the above explanation is correct, one might wonder why infection did not pass upward in all cases after delivery. We know that streptococci have been obtained (if not there, they must have been introduced at the time), from the vagina and even from the uterine cavity of patients who were having an afebrile puerperium. In these cases the organisms find no opportunity to enter the uterine sinues because of the contraction of the uterus which closes them effectually. While the child is in the uterus the sinuses are open and an infection of the membranes more readily finds a path of extension.

In dealing with these patients all that we can hope to accomplish is to keep infection from entering the vagina. After the accident occurs we should prevent the patient from infecting herself. This should be done by removing the source of infection as thoroughly as possible. The vulva should be shaved, scrubbed, disinfected, and protected from contamination of the clothing by the use of a sterilized pad. The patient should be cautioned about touching her vulva and extreme care should be exercised when the patient is at stool. In a hospital the common stool should not be used, but a disinfected bedpan substituted. Vaginal examinations should be omitted, always remembering that we cannot sterilize the vulva, and that a vaginal examination means the introduction into the vagina and cervix of whatever infection there may be on the vulva. If examinations are necessary they should be made per rectum. It requires a little experience to recognize the parts per rectum, but with a little practice it becomes a very satisfactory way of making examinations, and it reduces the chances of introducing infection to a minimum. Krönig, with the object of reducing the risk of infection, has recently advocated the routine adoption of rectal

examination, and claims to have observed a considerable reduction in the morbidity since this method was adopted.

It would seem that the following conclusions and recommendations are justifiable:

1. Premature rupture of the amniotic sac does predispose to a subsequent sepsis.

2. The importance of this fact is not sufficiently recognized or emphasized.

3. The vagina is probably infected by digital examinations and the open canal allows infection to extend upward.

4. Strict aseptic precautions should be observed after this accident.

5. Vaginal examinations should be omitted.

6. All necessary examinations should be made per rectum.

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Discussion

EUGENE BOISE, Grand Rapids.—I was very much interested in the paper, because it is along a line of thought that has occurred to me the last few days, I don't know why. I am very glad that the statistics have shown us that primipara are much more likely to sepsis than multipara, but the question is: Why is it so? Now is it not probably because the vaginal examinations are made more frequently in primipara than in multipara and the membranes have ruptured prematurely, but because vaginal examinations are made in both cases, and the question suggests itself to me: Is it not possible that the rupture of the membranes and the discharge, and the manner in which the fluid is discharged, have something to do with it? We will suppose, for instance, that the infection has been conveyed to the vagina by the examining finger. In cases of premature rupture the water is discharged in small quantities and slowly, with no force whatever, we may say, whereas, when the dilatation is complete, the labor pains are strong, and the pain that ruptures the bag and membranes discharges the water with a gush and in large quantity, and the germs in the vagina may be washed away by that process. Then again, there is more likely to be an injury to the cervix in those cases of premature rupture of the membranes, probably. If the manner in which the waters are discharged plays no part

in the etiology of sepsis, or in the prevention, would not the advisability suggest itself, in all these cases of premature rupture of the membranes, to give a free sterile douche just when dilatation is nearly completed, to take the place of the gush of sterile amniotic fluid? I think that would be a very proper method of procedure. Of course, we none of us advocate the use of douches in ordinary cases, but in cases of that kind it seems to me that the administration of a douche would be not only indicated but imperative.

CONRAD GEORG, JR., Ann Arbor.—I have been very much interested in this paper, and the remarks made by the last speaker remind me of a case that was once told to me by my father. He had been hearing about the use of douches in labor cases, and some obstetricians had recommended the use of the douche in the manner that has been presented this morning. He used it in a case, and this was a multipara who had always had easy births, but after that douche he said he had the most difficult time to extract the child; because of the douche, he thinks the mucus of the vagina was washed out, and hence there was less lubrication and it was a drier birth. Apropos then, of the use of the douche in labor cases, it seems to me it ought to be considered, that you may dry the vaginal secretions and get a more difficult labor than you would without the use of the douche. The advantages of the douche must be much superior to the ordinary cases before it should be employed. Then, in connection with the paper which was read, I am reminded of a case which I had a few years ago. I think unless a sterile bath can be taken, that every patient, every pregnant woman, is liable to infection from that source, especially if the membranes have ruptured. This case I wish to report is as follows: This patient had had five children, and they were perfectly normal births. In this last pregnancy she was going along the same as usual, her condition of health was perfect and we had every reason to think that she ought to recover from the confinement all right. This patient was taken in labor about two o'clock in the morning. The people lived out in the country about three miles west of Ann Arbor. The patient told her husband that she felt a little pain and asked him to telephone for the doctor. Immediately after receiving the message I started out, but while the husband was at the telephone the baby was born. It was born in less than fifteen minutes from the time the first pain began. When I got out there I found the baby had been born. I carefully disfnfected my hands, used the usual precautions, and found that the perineum was ruptured. First I ligated the cord and extracted the placenta, then repaired the perineum. There had been no examination made except that necessary to repair the perineum. In this case the patient developed violent sepsis at once. Within twenty-four hours she had a very high temperature, her pulse was between 130 and 140 and she was evidently suffering from severe sepsis. These conditions I could not account for, and I had a consultation. Even the consultant was in doubt as to the cause of the sepsis. Patient died within a few days. Perhaps if we could have done a hysterectomy the patient might have been saved, but the conditions there were not very favorable and, besides, the patient's condition of resistance was not good, so it was not undertaken. After this patient died we investigated the house and surroundings to see if we could find anything to account for this virulent infection, and I found that the outdoor closet, which was used by the patient, was practically full of feces to the seat. That is the only way that I could account for this infection. This brings to mind an important thing in the care of the pregnant patient that was mentioned in the paper, about the use of the closet. Patient should use a bed-pan, particularly after the membranes have ruptured. In this same family the husband was taken later with a virulent sepsis. He had a scratch on his finger, about the phalangeal metacarpal joint, where a localized infection developed a short time after his wife's death. The patient developed violent fever, ran a very rapid pulse, and delirium. In this case I opened up the site of infection at once and also gave him antistreptococcus injection. Within a few days the symptoms ameliorated somewhat, but later on he developed an abscess in the axilla, which I opened and drained. The patient recovered from the infection but it shows that there was a similar infection present about the house, or in some way contracted, because of the two cases occurring in very nearly the same time. It certainly reminds us of the necessity of every precaution being taken in taking care of pregnant women, and particularly in private houses. Disinfection of the room where the woman is confined should also be considered.

C. S. COPE, Detroit—After thirty-six years in the general practice of medicine, I can say, as

I recall my cases, that those cases of puerperal infection that I have had in confinements, have been mainly due to just this condition where there was delayed labor because of the premature rupture of the sac. I believe that is my experience. Of course, I could discuss, as the other doctor has, the idea of infection—I would like to say this: you should analyse the urine of your expectant mother and if you find indican you have a faulty metabolism, and, as a result of that faulty metabolism, you have a foundation laid for all troubles. Use your calomel and your blue mass, your clear out, clear out the entire system and put it on the defensive, and you are not going to have any sepsis, no matter what you do with your hands. For the first sixteen years of my practice I never washed my hands at all until after I was through, and did not have any cases of sepsis. Gentlemen, you may laugh, but it is a fact. I would not give five cents for your douches, and for your antiseptics. They don't amount to shucks, when you get right down to business, as we have got to do it, Sometimes the dirtiest patients in your life will get through all right. Then take your fine homes where everything is nice and sterile, and those women go down and die with sepsis. Now we have used every modern precaution, but still they die. If I had gone to work and analysed the urine and put that faulty metabolism in a normal condition, taken the indican out of the urine, my patients would not have died.

A. S. WHEELOCK, Goodrich.—I don't know as the paper should consider those premature cases, in general, where it occurs at five or six months. I have had a few interesting experiences and wish to mention, particularly, the fact of absence of sepsis in those cases, unless there had been instrumentation by which means an abortion has been produced. For instance cases like these: A lady 5½ months along, while washing, noticed a discharge of the fluids, and within a day or two she no longer noticed motion, no physician called, and for six weeks there were no pains, no symptoms whatever. She kept expecting delivery and yet she went to what would be the seventh month in the development of the foetus. I was convinced that her history was correct, that there had been a rupture of the membranes at 5½ months. There was no elevation of temperature, a sort of mummified fetus, no fluid and no sepsis following. I have had similar experiences. I have had them carried four weeks, and I think in those cases the experience has been no elevation of temperature. No douches used, no examination made, and they were devoid of any evidence of infection. I had also an interesting case, in the length of time a case might be carried at term after the rupture of the membranes. I was about to take a train to Chicago one morning and was called to a case that had previously engaged me. I told them all my arrangements were made, and asked the lady to secure another physician to attend her, and she said she would in case the pains developed. The fluids had drained away. I was gone two weeks and returned to one of the most difficult cases of instrumental delivery I ever had in a normal pelvis, yet no sepsis developed. I think experiences of that kind can be related. This went two weeks after the draining of the water, absolutely a dry birth, living child, and everything perfectly normal except the difficult instrumental delivery afterwards.

In regard to this douche question, I doubt if it should be used. Dr. Kamperman, if he were here, would take up the question, I am sure, very emphatically, as he points out in his paper that it is absolutely impossible to sterilize the labia, and it is absolutely impossible, with any douche that can be used, without destruction of the tissue, to carry germs to the labia and birth canal lower down, though they will be carried up, perhaps, to the uterine cavity itself. We cannot avoid it, and you cannot condemn the use of the douche in too strong terms.

C. E. BOYS, Kalamazoo.—One thing that appealed to me as entirely pioneer, so far as my experience goes, was the suggestion of rectal examination to substitute for vaginal ones. It would seem to take a very generous supply of rubber gloves, and much boiling, and frequently changed hand solutions, in order to make this feasible. After all, one sometimes questions how much good these examinations do, anyway. Personally, I depend more and more on external examinations for diagnosis of position and presentation, and I have frequently correctly diagnosed by external examination where an internal examination failed, so I think, perhaps, the vaginal examination can be eliminated more than it has been in the past, and perhaps, to considerable advantage.

H. H. CUMMINS, Ann Arbor, closing: I am sorry Dr. Kamperman cannot be here to close this discussion. Still, I feel that I know his opinion on the subject. As to the matter of douches it seems to me that here is a different action than

you normally get by the bag of waters, as the doctors mentioned. When that bag of water breaks there is a sudden gush of water, which may carry away infection, but with the douche, the water must go up and them come down. If your patient has gonorrhea, as we often find in our cases, we consider it is dangerous to give a douche, and you cannot always tell if they have this disease. The matter of rectal examination, I might say, is relatively new. Last summer at John Hopkins Hospital I had opportunity to make rectal examination of about 300 cases, and Dr. Worthington informs me that he makes a rectal examination of every private patient. Knowing that the presentations are correct and cases normal, he never makes a vaginal examination. Whenever the membrane ruptures we put the patient in bed, sterilize the vulva as best we can, put on vulva pads to warm the patient, and since we have been doing this we have had less sepsis in these cases.

PYELONEPHRITIS OF PREGNANCY*

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Having no obstetric practice, I naturally see few of these cases, but, from the fact that I saw two in consultation the same day, lead me to think the subject of sufficient importance to warrant my bringing it to the attention of this society. As to the relative frequency of pyuria in pregnant women the Copenhagen Maternity Hospital Reports show, that as a result of careful urinary examinations in over 7,000 cases, pus was found present in the urine in only 6%; and in the majority of these cases the pus was due to inflammation of the bladder.

In suppurative processes in the kidney, occurring during pregnancy, there is first obstruction of the ureter, where it passes over the bony prominence of the superior strait—the sacro-iliac symphysis—by the enlarging uterus, and therefore retention of urine in the kidney-pelvis. By experimentation on dogs, Halbertama determined that the weight of five grams compressing the ureter over a surface of 8 mm., is sufficient to prevent the onward flow of a volume of urine weighing 400 grams. Of 25 cases of dilatation of the ureter Olshausen found it only on one side in 12, and of these 12 only twice on the left side.

I quote here the following from a paper by Dr. Charles Greene Cumston, of Boston:

"While the pregnant uterus develops, its borders come nearer to the ureters, which they displace and push over to the bones of the pelvis upon which it compresses them. The uterus develops much more to the right than to the left, and inclines to the former, and besides this it undergoes a rotation on its vertical axis and turns in the direction of its greatest development, that is to say, to the right. This explains why the lesion is more apt to be on the right side than on the left."

Cumston further says, that the dilatation never takes place in the intra-pelvic portion of the ureter, a fact that indicates that compression must take place at the superior strait.

The back-pressure of urine impairs the nutrition of the cells, lining the pelvis and tubules of the kidney. Infection enters through the blood supply or by ascending from the bladder. The colon bacillus is generally the offending micro-organism. The pregnant condition may also favor the infection. Various degrees of inflammatory changes then develop in the

*Read at the forty-sixth annual meeting of the Michigan State Medical Society, Detroit, September 27, 28, 1911.

kidney, even to the formation of multiple abscesses.

I quote the following from Dr. Paul Monroe Pilcher, of Brooklyn:

"From my own studies I conclude:

First. That a few cases are brought about by toxic influences and haematogenous infection in a kidney, whose vitality has been lowered by the occurrence of a pregnancy. This is probably the cause in pyelitis occuring in the earlier stages or pregnancy. . . . . .

Second. That from the appearance of the bladder as viewed from within, it would seem very probable that the distortion of the vesical portion of the ureter (due to the presence of an enlarging uterus) could easily cause an obstruction to the free flow of urine into the bladder and favor a catarrhal inflammation of the ureter and pelvis, the infection being either haematogenous or by direct extension from the bladder. In some cases it has been observed by the writer that the bladder was compressed from above downwards, by the pregnant uterus, so that the ureter was made to bend sharply at the point of its entrance into the bladder, or was kinked in its course through the bladder walls. In other cases the bladder is flattened from before backwards, also offering possibility of distortion of the ureter.

Third. That pressure and distortion of the ureter above the brim of the pelvis, due to the enlarging uterus after the sixth month, is a frequent contributing cause."

The symptoms are those of toxæmia—chills, fever, perspiration, prostration, thirst, and muscular aching. Bladder symptoms may be present. It is differentiated from cystitis because of the absence of tenderness to pressure on the bladder and by urinary findings. There is, in some cases, severe pain in the region of the kidney and always tenderness to pressure over the kidney and ureter. Because of the latter sign a diagnosis of appendicitis is sometimes made. Before many hours, however, examination of the urine will enable one to make a positive diagnosis. There is pus in the urine at times when the ureter is not completely obstructed. The obstruction being intermittent, the pus appears in varying quantities. This also explains the irregularity of the fever and other symptoms. Blood, albumen and casts are sometimes found. The amount of pus in the urine need have no relation to the severity of the symptoms, as shown in Case 3. The prognosis in different cases varies greatly, but even in the most serious cases the prognosis is good if the cause be removed early.

Dr. C. B. Reed claims that premature labor occurs in about 50% of the cases. Cragin believes that if the child has reached the viable age termination of pregnancy is justifiable. Dr. Ross, of Toronto, advises the termination of pregnancy if the condition of the patient be serious. Dr. Plicher, of Brooklyn, believes that termination of pregnancy is seldom necessary.

The treatment is medicinal, dietetic, postural and surgical. At first the patient should be given urotropin or other urinary antiseptic, and milk diet. If only one kidney is involved she should lie on the opposite side. Some observers advise the sitting rather than the prone position, thus putting the kidneys at a higher level than the bladder.

Removal of the cause of obstruction, that is, emptying the uterus, is sometimes necessary to save the patient's life. This is recommended in preference to nephrotomy. I do not think nephrectomy justifiable in these cases, because if there were abscesses of the kidney they would be mulitple and the operation would not effect perfect drainage. If any operation were compelled nephrotomy would be preferable.

I quote further from Dr. Pilcher's paper:

"In a given case it is perfectly safe, should the symptoms not be too severe, to wait for 8 or 10 days without attempting to catheterize the ureters. If, at the end of this time, there be persistent temperature with pain and pyuria, or even without pain, it is indicated to pass a catheter to the pelvis of the affected kidney, to

drain it thoroughly, and then to instill one dram of 25% argyrol solution."

Dr. T. H. Hicks of England thinks constipation an etiological factor. He reports cases apparantly cured by vacine treatment without surgical intervention.

CASE 1. February 3, 1907, I saw Mrs. D. S., age 34, in consultation with Dr. Jas. Winter. She was in the fourth month of pregnancy. She was having irregular chills and fever. Her pulse was 140. Blood examination showed 26,200 leucytes with 96% polymophonuclears. Urine Sp. gr. 1004; cloudy; trace of albumen; many pus cells and pus casts; colon bacillus — pure culture. Opsonic index. 1.4.

Palpation showed right kidney enlarged and sensitive. The uterus was at once emptied of a dead foetus of foul odor. Urotropin was given by mouth and saline by rectum. The vacine treatment was also administered. Many specimens of urine were examined during the following month. A steady improvement in its condition was shown. Eventually her recovery was complete.

CASE 2. On December 30, 1908, I saw Mrs. A. K., age 36, in consultation with Dr. Carl Fettig.

Family history negative. She had always been healthy. She had had five children. She gave a history of having had two years previously a miscarriage produced because of "kidney trouble." Her symptoms were reported to have been: high fever, chill and pain in the back. She apparently became perfectly well after this. When I saw her December 30th she was five months advanced in pregnancy. For a week she had been having irregular fever and chills, and pain in the left lumbar region. Micturition was painful and difficult. Urine, turbid; Sp. gr. 1028; albumen marked trace; numerous pus cells; no casts. She was so extremely ill that I thought it better to empty the uterus at once. The os was dilated, podalic version performed and immediate delivery effected. Her recovery was rapid. Examination June 27, 1911. showed urine to be normal.

CASE 3. April 20, 1911, I saw Mrs. McB., with Dr. F. L. Newman.

Her previous health had been good. She was in the sixth month of her first pregnancy. She gave a history of having fallen in a bath-tub ten days previously. Her symptoms were irregular chills and fever with pain in the region of the appendix. Her appendix had been removed several years before. The tenderness to pressure over the right kidney was not marked. The fever having subsided and the pains being relieved led me to advise expectant treatment. I saw her again four days later when her temperature was 103, her pulse 140, and she presented symptoms of severe sepsis. Urine. trace of albumen; sugar; granular and hyalive casts; pus, and few red blood cells.

It was evident that radical measures must be taken to save her life. She was sent at once to St. Mary's Hospital where vaginal Caesarian section was done. A severe chill followed the operation and her temperature rose to 106. The temperature soon subsided, fluctuating between normal and 102 until May 5th, when, following a severe chill, it again rose to 106. Blood examination—Leucytes 11,600; polymorphonuclears 83%. The pus in the urine then increased in quantity and in 36 hours her temperature became normal and remained so.

May 6th Luys segregator was used with the following result: Right kidney—urine cloudy; flocculent sediment; alkaline; pus; and albumen present. Left kidney—urine clear; no deposit. neutral or acid; no pus; no albumen.

Daily examination showed little change until May 10th, when report reads: "Slight trace of albumen; few pus cells and few casts; urine was reported normal August 20th.

The cases reported above represent the severest form of the disease. Mild types are reported in which urinary antiseptics are sufficient, but I have seen none.

BLOOD PRESSURE IN ECLAMPSIA*

WALTER E. WELZ, M. D.
Detroit, Mich.

Probably the greatest advance made in obstetrics during the last decade has been the discovery of the significance of the variations in the blood pressure of pregnant women. It is now known that the blood pressure of a normal woman changes with the development of fetal life within her, and, during labor and puerperium, certain definite variations in pressure are noted. Deviation from the average intra-vascular tension at a given time of pregnancy is an important diagnostic and prognostic sign. Up to the present, sufficient use has not been made of the sphygmomanometer in pregnancy. It is the object of this paper to review some of the knowledge on this subject, and urge the general use of the sphygmomanometer in pregnancy.

A normal pregnant woman has a blood pressure of about 118 mm. until the eight month of her pregnancy, when the pressure gradually rises to 124 mm. As the uterus subsides into the pelvis, there is usually a slight fall of pressure, indicating that the bulk of the fetus is a factor in maintaining the normal state of intra-vascular tension of pregnancy. During the painless uterine contractions occurring months before term, the blood pressure rises slightly just as it does during true labor contractions. The position of the fetus before engagement does not influence the mother's blood pressure, nor does her age affect it, though her nervous condition may do so. Vogeler considered a pressure of 100 mm.—150 mm. normal for a pregnant woman before pains have set in. Other more recent observations have made 125 mm., the limit in pressure for a normal pregnant woman.

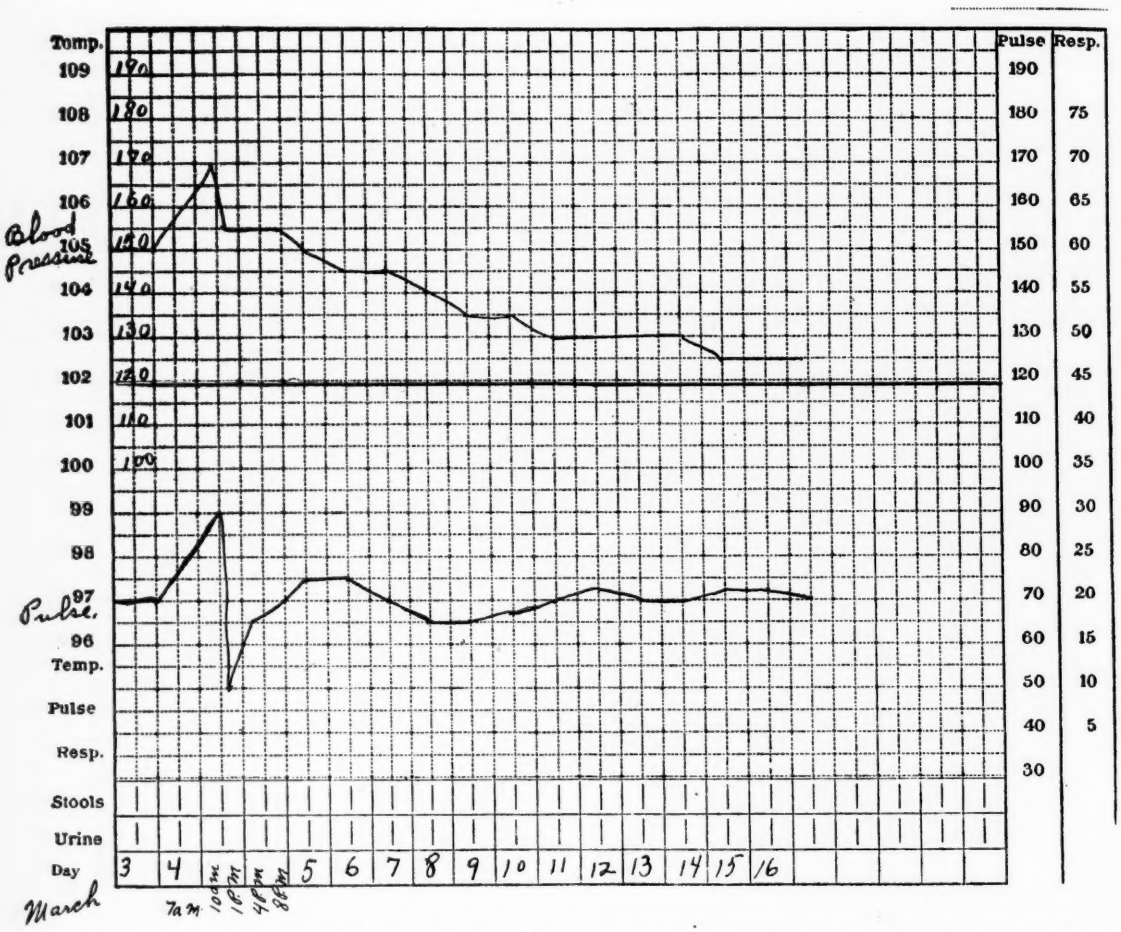
The onset of labor is accompanied by an increase of the mean systolic pressure. With each uterine contraction there is a slight rise of blood pressure, which drops during the intervals between the pains. In other words, the hypertension parallels the uterine contractions. The use of a narcotic has little effect on the tension during labor. As labor advances the hypertension is more pronounced until the end of the second stage when the highest pressure is reached. With the expulsion of the fetus there is a rapid fall of from 60 mm. to 90 mm. blood pressure, which brings it slightly under what was normal for the individual before the onset of labor. In thirty minutes the pressure usually returns slightly above the average for the patient before labor.

The rupture of the membranes causes a slight temporary drop in blood pressure; a hot pack produces the same result in a slight degree. There is an increase of pressure when the hand is introduced into the vagina. This "pelvic reflex" rise of arterial tension increases when forceps are applied, or version performed, and is greatest when traction is placed on the child. In some cases a rise of blood pressure was noted before pains were

*Read at the forty-sixth annual meeting of the Michigan State Medical Society, Detroit, September 27, 28, 1911.

felt, and a vaginal examination showed that labor had begun.

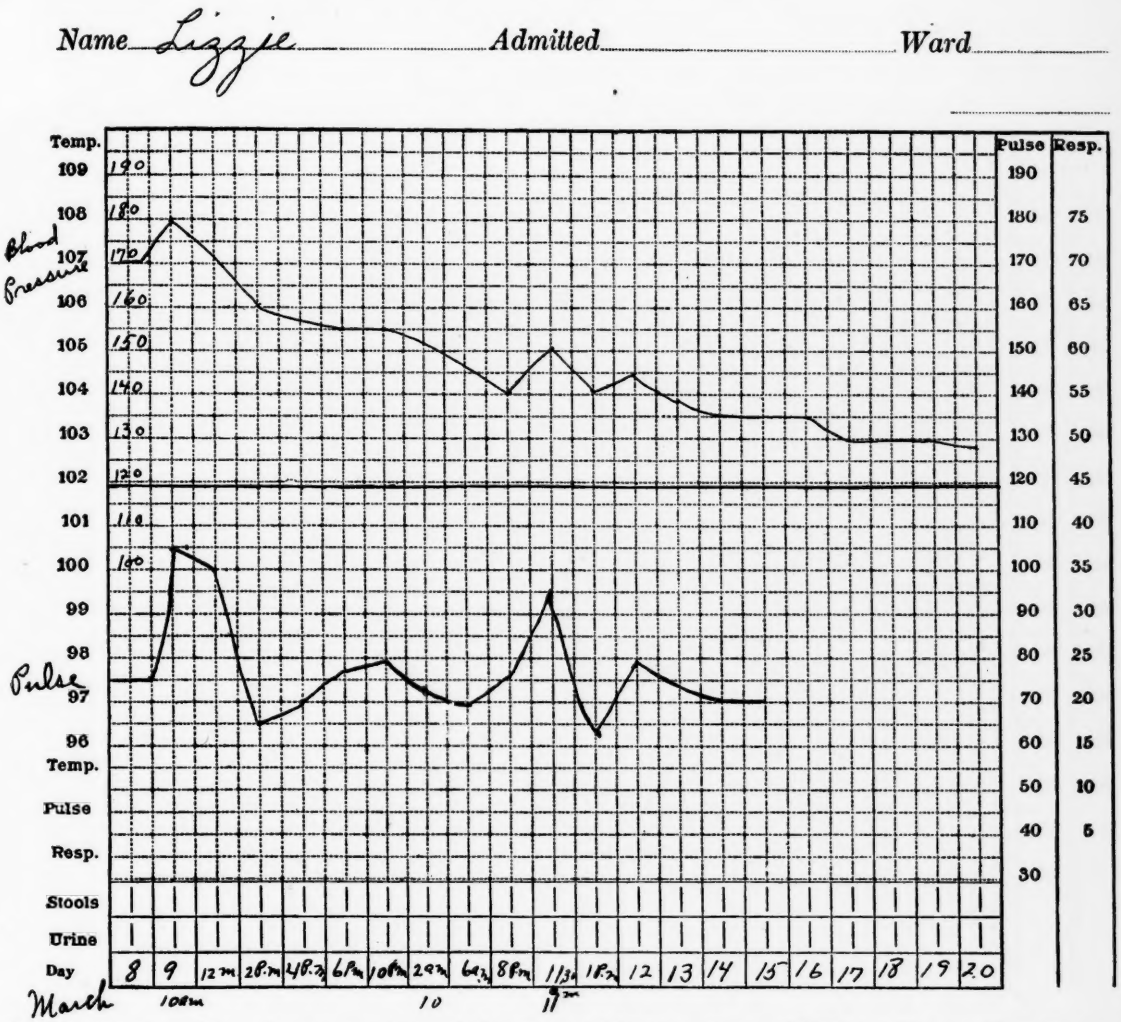
Patients suffering from eclamptic toxemia have a rise of blood pressure above normal from the beginning of the toxemia. This hypertension may begin at any time during the later months of pregnancy, and its height is usually analagous to the intensity of the toxemia. If not interfered with, the pressure tends to increase continuously to the end of pregnancy, or the advent of eclamptic seizures. During the contractions of the uterus in labor the pressure increases as it does in non-eclamptic cases, and there is also the lessened tension after delivery as in non-toxic cases. In fact, blood pressure during labor of an eclamptic usually runs parallel with that of the normal case, except that it is considerably higher; it also tends to greater irregularity and at times increases rapidly. There is not quite as much depression in tension just after delivery as in a normal case. If recovery occurs, there is a gradual decline of pressure after the early post partum rise, until seven to fourteen days, when a normal pressure for the individual returns. Fatal cases have



Case I—Normal confinement at 10.30 a.m., March 4. Severe convulsions at 7.30 a.m., 9.30 a.m., 10 a.m., 10.45 a.m. Tinct. veratrum viride m.XX given at 10.45 a.m., repeated at 11.15 a.m.

a tendency to increased blood pressure which increases with successive convulsions. Before death there is a considerable drop in the pressure which accompanies collapse. The convulsive stage is always accompanied by a rise of pressure; these two symptoms seem to run fairly parallel. As the pressure drops there are fewer convulsions.

I wish to cite brief notes from four cases of eclampsia which have occurred during the past six months.



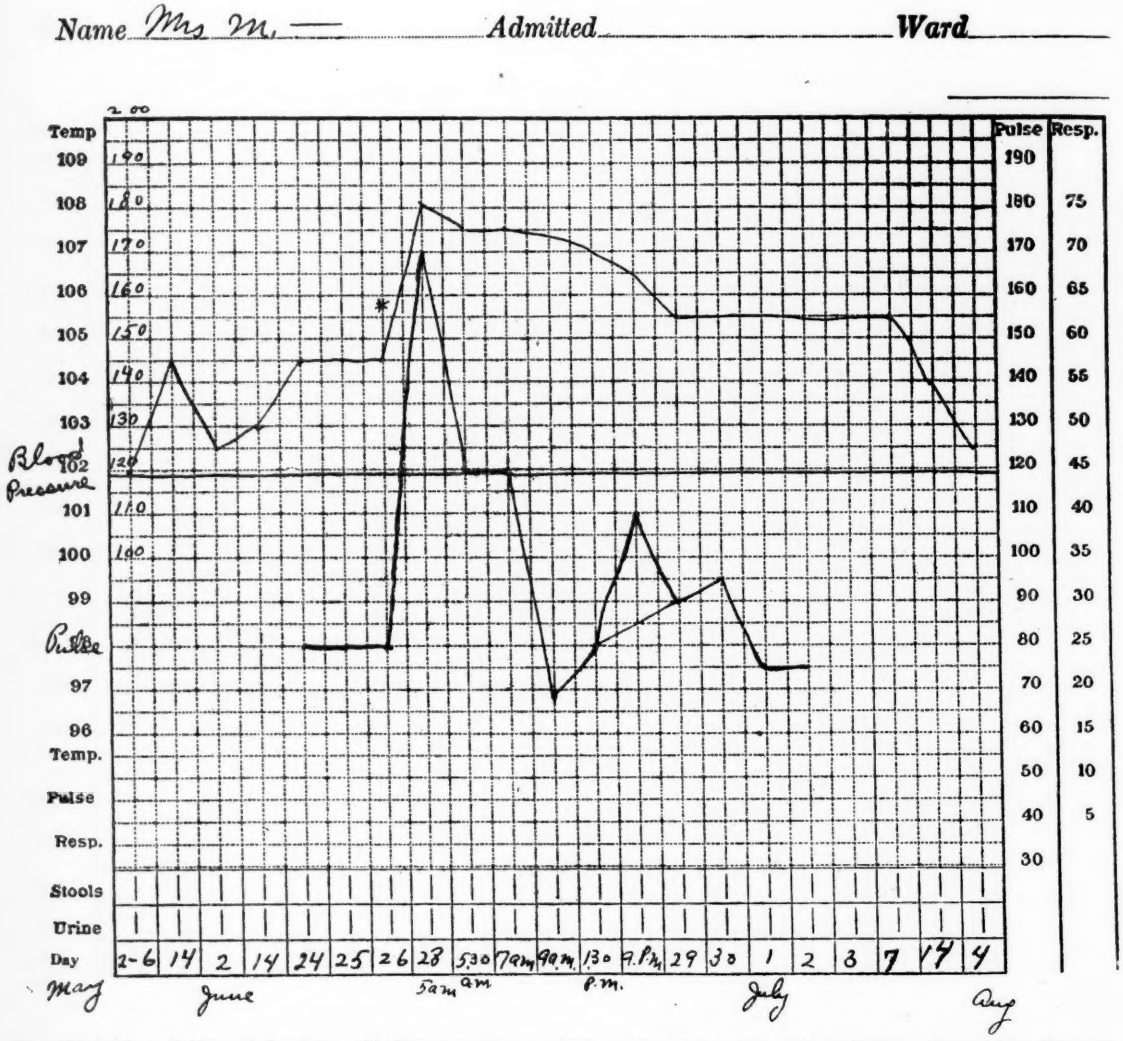
Case III—March 9, 20 m. tincture veratrum viride given at 9.30 a.m., 10 a.m., 10.30 a.m., 11 a.m., 12 m., 1 p.m., 2 p.m. Convulsions from 9.30 a.m. to 2 p.m., half hourly.
March 11, convulsions at 11.30 a.m., 20 minims veratrum given.

CASE 1. Number 270 at Providence Hospital—Adelaide, aged twenty-five, primigravida, confined March 4, 1911. Had occasional slight headaches, no epigastric pain, no edema, very slight trace of albumin, blood pressure 150 mm. Labor began at 11:30 P. M., March 3. Spontaneous delivery of a living child at 11:30 A. M. Severe convulsions at 7.30 A. M., 9.30 A. M., 10 A. M., and 10.45 A. M., Twenty minims of tincture of veratrum viride given at 10.45 and repeated at 11.45 A. M. Eliminative measures from start of convulsions. After confinement blood pressure was 170 mm.; this returned to 125 mm. in seven days. Trace of albumin at 14 days; uneventful recovery.

CASE 2. Number 272 at Providence Hospital—

Lizzie, aged 24, primigravida, confined March 9, 1911. Had severe headaches, occasional epigastric disturbances, slight edema of ankles, no eye symptoms. Blood pressure 170 mm.; 1% albumin in urine. Normal delivery at 5 A. M.; first convulsion at 9.30 A. M., blood pressure 180 mm.; convulsions continued at about one-to 95, convulsions occurred. After twenty minims of veratrum pulse dropped to 63. From this time uneventful recovery. Trace of albumin in urine at discharge on seventeenth day. Blood pressure 128 mm.

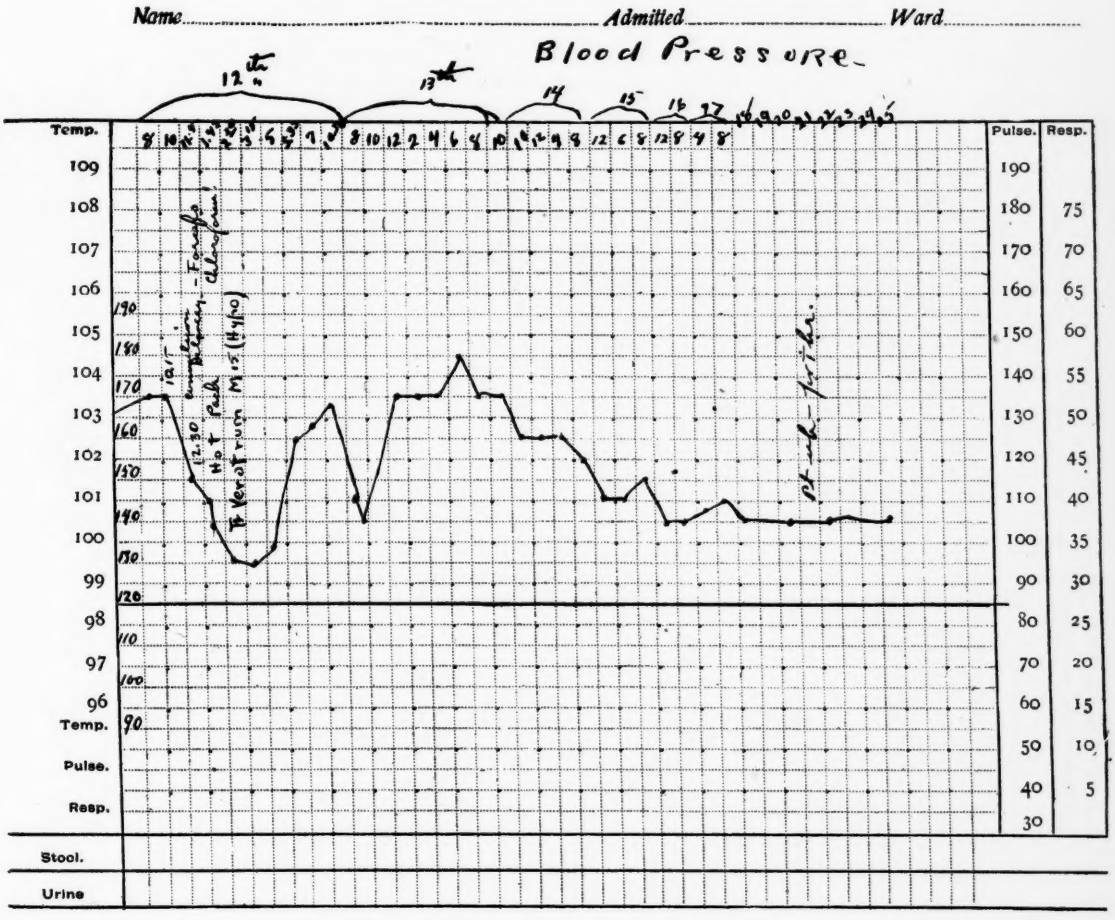
CASE 3. Mrs. M., aged 43, secundipara, first child having died 6 years ago at age of 2. In



Case III—*Pat. delivered June 27. No blood pressure taken, as apparatus was not at hand. Convulsion June 28, 5 a.m., blood pressure 180. Veratrum reduced pulse rate 100 per minute and pressure only 10 mm. at same time.

half hour intervals until 2 P. M., when they stopped. Hot pack and catharsis begun at once. Twenty minims of veratrum given at 9:30, 10, 10:30, 11, 12 A. M., 1 and 2 P. M During the night as the temperature rose to 100° F. she became restless and twenty minims veratrum were given. Blood pressure lowered gradually at 11:30 A. M. March 11th pulse rose May she suffered from malaise and headache which were relieved by diet and eliminative measures. June 24th, suffered from malaise but no eclamptic symptoms except epigastric disturbance; blood pressure 140 mm. Urine contained great quantity of albumin. June 25th blood pressure 146, dieted. June 27th, about four hours after the beginning of pre-

mature labor, two convulsions at 6. P. M. Forcep delivery of living child. Complete suppression of urine for 14 hours. Hot packs given every 2 hours and proctoclysis given through the night. Tincture of veratrum viride minims XV and X sent pulse from 140 to 80 (somewhat irregular). June 28th, 5 A. M., in long convulsion veratrim minums XV, X, and X reduced pulse from 170 to 68. Blood pressure packs, elimination, drop proctoclysis of deci-normal saline solution reduced blood pressure to 170 mm. Aug. 10th, headache, dizziness, dimness of vision. Labor induced by introduction of hydrostatic bags. 11:45 A. M., convulsions began and continued every three minutes. Patient in labor, cervix dilated, forceps delivery at 12:15 P.M. Blood pressure at 12:30 P. M. 150 mm. At 1:30 P. M. ten



Case IV—Copied from Hospital records.

reduced from 180 mm. to 170 mm. In ten days only lowered to 150 mm. Urine cleared rapidly and good recovery made.

CASE 4. Reported from the New York Infirmary for Women and Children—Mrs. J., aged 34, primigravida, had slight headaches and showed heavy albuminous deposit toward end of July. Sent to hospital with a pressure of 200 mm. Urine loaded with albumin, hyaline and granular casts, trace of blood. Hot minims veratrum given, reduced blood pressure from 140 to 130 mm. and pulse from 140 to 108. The blood pressure rose again to 140-150 and remained so about three days, then fell to normal and remained there. Normal puerperium.

The tincture of veratrum viride was given subcutaneously in 20 minim doses every half hour in Cases 1 and 2 until the

physiological effect was produced as indicated by the slowing of the pulse rate. In the first case, after 40 minims had been used, the pulse rate was reduced from 90 to 50 per minute, while the blood dropped from 170 mm. to 155 mm. in the same period.

In the second case 140 minims of veratrum were given in a period of four and one-half hours. In this time the pulse rate fell from 105 to 65 per minute, but the pressure fell only from 180 mm. to 160 m. m.

Case 3 shows a drop of over 100 in the pulse rate (from 170 to 68) in two and one-half hours after administration of 35 minims of veratrum, while the pressure fell less than 10 mm. in the same time, from 180 mm., to over 170 mm.

Case 4 shows a drop in pulse rate from 140 to 108 per minute, after only 15 minims had been administered, and during the same time, the pressure went from 140 mm. to 130 mm.

The same preparation of veratrum was used in the first two cases; different tinctures in 3 and 4. It is possible that the strength may have varied in the different preparations, though the official tincture was used in all. In all these cases there was a great decrease in the pulse rate as soon as the physiological effect of the veratrum was produced. The blood pressure was only slightly influenced, dropping but 10 mm. to 20 mm., and remaining rather high, though lower than the maximum reached during the convulsive stage. The convulsions ceased as the pulse rate decreased. In Cases 2 and 3 secondary convulsions occurred. In both these there had been a previous rise in pulse rate before the convulsion. Apparently the secondary convulsions appeared in these only after the action of the veratrum had greatly decreased. A small dose of veratrum caused the pulse rate to decrease and the convulsive symptoms disappeared soon after. Blood pressure did not vary much with these secondary convulsions, though it was higher than normal during the attacks.

There is at present a tendency to return to medical treatment of eclampsia. Veratrum viride deservedly occupies a leading place in the list of drugs which exert a favorable influence upon eclampsia. One must be careful to watch the effect of small doses given as rapidly as required to produce the physiological effect without the collapse which results from large initial doses. Moderate dosage to persons suffering from cardio-vascular diseases, or excessive dosage to others, may be disastrous. There may be two reasons for the favorable effect of veratrum on eclampsia.

1st. Its sedative effect on the brain may cause the cessation of convulsions and the amelioration of other symptoms.

2nd. By lessening the blood pressure it may control the possibly dangerous results of too great intra-vascular pressure. Convulsions alone are not necessarily dangerous as an eclamptic may have very many and make a good recovery. In the cases reported there was a slight decrease of the high pressure within an hour of the time the drug was given. It may be that this decrease of pressure was sufficient to permit normal conditions to return. More important still was the control of the rising pressure which might have resulted in cerebral hemorrhage, or with a weakened right heart, in pulmonary edema.

From our present knowledge we may say that eclampsia is invariably accompanied by increased blood pressure. Apparently the more severe the toxemia, the higher the blood pressure. Is the high pressure only a symptom of the condition, or is it a symptomatic entity of the toxemia of late pregnancy, which,

when aggravated, produces the more alarming conditions of eclampsia? If it is only a sign, it is the most important one. There are reasons to believe that it may be the direct causative factor of the eclamptic state. The necropsy findings tend to indicate the result of too great intra-vascular tension. Note the frequency of congestion of the spleen, congestion, edema, and ecchymoses of the lungs, congestion and hemorrhage of the brain, hemorrhages of liver and kidneys. To be sure the necrotic changes found in liver, kidney and pancreas are not to be attributed to high pressure, but rather to the harmful action of some toxin. These later changes can hardly be held to be the cause of death, however, and, if present without the circulatory disturbances, would not be considered sufficient to produce death. The circulatory disturbances, especially cerebral hemorrhages, edema of the lungs, congestion and edema of the brain, which are the most serious, alone are sufficient to cause death. These may be due to increased arterial tension alone or together with insufficiency of the right heart. Therefore the circulatory changes, especially the increased blood pressure, may be said to be the factors producing the serious conditions of eclampsia, even if we do not consider them the primary cause of the disease. A control of the blood pressure during the last months of pregnancy and the first few days post partum prevents the onset of the eclamptic state.

As the increased blood pressure is such a constant factor in eclampsia, and as it seems to vary directly with the severity of the toxemia, it seems to be the rational basis for the classification of the toxemias of late pregnancy. A proper classification may be of great help in the treatment and prognosis of the toxemias of late pregnancy. I would classify all cases of late pregnancy by dividing them into five groups.

Group A—Normal cases—No eclamptic symptoms. Urine normal. Labor normal. Blood pressure averaging 125 mm. and remaining essentially stationary after delivery.

Group B—Eclamptic cases which may be divided into mild and severe types.

1. Mild type of eclampsia—Albumin present in small amount, slight headache, edema, nausea. Blood pressure ranges from 140 to 180 mm. After delivery blood pressure returns to normal in a week or ten days. This is a toxemia of moderate degree, affecting previously healthy kidneys, and leaving them undamaged.

2. Severe type of eclampsia—Appearing at any time during the late months of pregnancy, developing progressive edema, headache, epigastric pain, impairment of vision, considerable albumin, convulsions, coma. Blood pressure is high (180 to 200 m. m. or over), pursues an irregular, high course and may remain high for a longer time than the mild type. This is a more severe type of toxemia which supervenes before the end of pregnancy, likely to cause the death of the fetus, associated with much albumin and a high blood pressure which falls after delivery. There is evidence of permanent damage to the kidneys. This type is very liable to succumb to the toxemia in spite of any treatment.

Group C—Chronic nephritis—High blood pressure (150 mm. to 200 mm.) which does not fall after delivery. Albumin and renal elements continuing after delivery. A toxemia, perhaps not of fetal origin, arising during pregnancy in patients with pre-existing chronic renal disease, characterized by persistent high blood pressure, not relieved by delivery.

Group D—Non-toxic renal conditions.—Renal disease, such as glycosuria of pregnancy or surgical pyelitis, not associated

with toxic manifestations of chronic nephritis or true eclampsia. Normal or subnormal blood pressure.

Group E—Mechanical, non-toxic albuminuria from over distention of uterus in cases of hydramnios or gemini—High blood pressure (180 to 250 mm.) and albumin disappear after delivery.

While this grouping may not be such as to be accepted as final, it classifies quite well the ordinary types of pregnancy. Group B represents the mild and severe types of eclampsia, which I consider to be a toxic condidition dependent upon the development of the fetus. In these cases the blood pressure bears quite a constant relation to the other signs; it indicates more accurately the true condition of the patient. It is, therefore, of the greatest value in indicating therapy and prognosis. Groups C and D are groups of cases suffering from kidney derangement before the advent of pregnancy. I particularly wish to emphasize the importance of this classification, because it shows the necessity of pressure readings, and also that the other symptoms alone (especially urinary findings) are not sufficient to base a diagnosis of impending eclampsia. An abnormal urine without increased blood pressure does not point to eclampsia, but to a non-toxic disturbance of the kidney. One can readily see the bearing this has on prognosis and treatment of such cases. By placing a patient in one of the above groups, we may handle it much more satisfactorily, as each type requires a treatment suitable for the class.

In conclusion, I wish to urge the wider usage of the sphygmomanometer in pregnancy. It is of even greater diagnostic value than urinalysis, as the increased pressure may be present before there is any change in the urine. Careful watch of the blood pressure will inform us more accurately than any other means of the condition of patients suffering from toxemia of late pregnancy. If the warning of vascular hypertension is heeded, and means of control applied, many toxic women may be saved from more than prodromal symptoms of eclampsia. The sphygmomanometer should be the basis for prophylaxis of eclamptic seizures. This means that the medical treatment is to advance to a more important position, and diet, eliminative measures, hygiene, and certain drugs will lessen the need of surgery in the toxemia of late pregnancy. High blood pressure, associated with eclamptic symptoms, is always dangerous to life of the patient and her child; it may continue without convulsions and with only a small amount of albumin. During the eclamptic state a rise of pressure, or the failure of pressure to drop after treatment, indicates an unfavorable prognosis. A falling blood pressure is usually a good sign, unless there is the tremendous drop to sub-normal which occurs in collapse.

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NOVEMBER

EDITORIAL

FORTY-SIXTH ANNUAL MEETING

THE Forty-Sixth Annual Meeting of the Michigan State Medical Society has passed into history. In every way it was one of the best meetings we have ever had. The arrangements were ideal, the entertainment elaborate, and good fellowship prevailed.

Tuesday evening, September 26, the Wayne County Medical Society held open house at their building on High street, to which all were invited, and at which every one had an enjoyable time. Wednesday evening a reception was held in the convention halls of the Pontchartrain, which were packed to the limit. A Buffet luncheon was served, after which the members enjoyed some vaudeville stunts from the local theaters, vocal selections by Harold Jarvis, and some slight-of-hand tricks by Dr. Samuel Goodwin Gant, of New York City.

The ladies were entertained by automobile rides throughout the city, and the woman physicians were entertained at dinner by the Blackwell Society, Wednesday, the 27th.

Tuesday evening a complimentary dinner was given in honor of Dr. Carstens, at the Cadillac, at which covers were laid for over 200. The viands were delicious, the music of the best, and the toasts such as only Theodore A. McGraw, C. B. Burr, Joseph L. Hudson, D. G. C. (Doctor of Good Citizenship), Ernest L. Shurly, Walter H. Sawyer Governor Chase S. Osborn, and Dr. Carstens himself, could give. The banquet broke up at a late hour, after which most of those in attendance repaired to the Wayne County Medical Building for the open house reception.

Scientifically, the Forty-Sixth Annual Meeting was not only a success, but a grand tribute to the officers of the various sections for their good work in arranging programs, which not only attracted an enormous attendance but held the attendance until the very last hour of the last afternoon. The meeting was remarkable for the small number of essayists who failed to put in an appearance when their papers were called. The symposium on "Heart Lesions" in the Medical Section and the symposium on "Surgery of the Kidney" in the Surgical Section attracted widespread attention, and, during these papers, the halls were packed to overflowing.

In respect to the attendance in the various Sections, the same thing noted last year was also in evidence this year; that is, the Section with the largest registration was the Medical, with 173; the Surgical had 140 registrations and the Gynecological 38. Those registered for two or more Sections, or expressing no Section preference, were 212, making a total of 563 members. As we remarked last year this shows a healthy preponder-

ance of men interested in internal medicine. There were 16 guests registered from other states, 12 non-members and 7 who have applications pending in the Wayne County Medical Society. The total registration, inclusive of 12 non-members, was 598.

The attendance at this meeting has set a record which will undoubtedly stand for many years.

The registration follows.

Guests—Chas. H. Mayo, Rochester, Minn; Alex. R. Craig, Chicago, Ill; Samuel G. Gant, New York City; A.M. Stimson, Washington, D.C.; Carl C. Warden, Los Angeles, Cal; James T. Pilcher, Brooklyn, N. Y.; Paul M. Pilcher, Brooklyn, N. Y.; Rosalie Slaughter Morten, New York, N. Y.; G. W. McCaskey, Fort Wayne, Ind; Brooks F. Beebe, Cincinnati, Ohio; A. E. Halstead, Chicago, Ill; Roger T. Vaughan, Chicago, Ill; L. G. McCabe, Windsor, Ont; W. H. Rheinfrank, Perrysburg, Ohio; W. E. Williams, Chicago, Ill; R. M. Woodward, U. S. P. H. & M. H. Service, Detroit. (16).

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Chippewa—C. J. Ennis, Sault Ste. Marie; James Gostanian, Sault Ste. Marie. (2)

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Grand Traverse—E. B. Minor, Traverse City; Julius M. Wilhelm, Traverse City. (2)

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Kent—A. J. Baker, Grand Rapids; Earl Bigham, Grand Rapids; Eugene Boise, Grand Rapids; J. D. Brook, Grandville; A. G. Burwell, Byron Center; A. M. Campbell, Grand Rapids; Burton R. Corbus, Grand Rapids; James M. DeKracker, Grand Rapids; W. J. DuBois, Grand Rapids; Wm. F. Hake, Grand Rapids; J. A. Heasley, Grand Rapids; Charles E. Hooker, Grand Rapids; Collins H. Johnston, Grand Rapids; N. H. Kassabian, Coopersville; T. M. Koon, Grand Rapids; O. C. McDonnell, Lowell; S. L. Rozema, Grand Rapids; Perry Schurtz, Grand Rapids; C. O. Slemons, Grand Rapids; Richard R. Smith, Grand Rapids; Ralph H. Spencer, Grand Rapids; F. C. Warnshuis, Grand Rapids; D. Emmett Welsh, Grand Rapids; J. B. Whinery, Grand Rapids; A. V. Wenger, Grand Rapids; W. G. Young, Grand Rapids. (26)

Lapeer—G. L. Chamberlain, Lapeer; John P. Eggleston, Imlay City; John V. Frazier, Lapeer; W. J. Kay, Lapeer; J. O. Thomas, North Branch; C. A. Wisner, Columbiaville. (6)

Lenawee—Chas. A. Blair, Morencie; R. M. Eccles, Blissfield; W. E. Jewett, Adrian; Geo. H. Lamley, Blissfield; C. D. Mercer, Addison; E. T. Morden, Adrian; L. G. North, Tecumseh; I. L. Spalding, Hudson; C. A. Tallman, Morencie; O. Whitney, Jasper. (10)

Livingston—J. E. Browne, Howell; Martin H. Coan, Brighton; A. H. Pearson, Hamburg; E. B. Pierce, Howell; J. D. Singer, Brighton; C. E. Skinner, Howell. (6)

Macomb—H. J. Bush, Armada; Joseph M. Croman, Mt. Clemens; James C. Gibson, New Haven; R. M. Greenshields, Romeo; Victor Hugo Wolfson, Mt. Clemens. (5)

Manistee—Lewis S. Ramsdell, Manistee. (1)

Mason—W. H. Force, Ludington. (1)

Mecosta—W. T. Dodge, Big Rapids; B. L. Franklin, Millbrook; H. B. Weaver, Mecosta. (3)

Menominee—C. R. Ellwood, Menominee. (1)

Midland—E. J. Dougher, Midland. (1)

Monroe—W. T. Acker, Monroe; E. M. Cooper, Carleton; C. L. Fought, Erie; Ellis W. Kelley, Temperance; P. S. Root, Monroe; Victor Sisung, Monroe; Chas. T. Southworth, Monroe. (7)

Montcalm—D. K. Black, Greenville; H. L. Bower, Greenville; James Purdon, Edmore. (3)

Muskegon—Frank B. Marshal Muskegon; Geo. S. Williams, Muskegon. (2)

Oakland—J. W. Anderson, Royal Oak; Samuel A. Butler, Pontiac; E. A. Christian, Pontiac; S. E. Galbraith, Pontiac; M. W. Gray, Pontiac; R. LeBaron, Pontiac; C. W. Mack, Pontiac; Ora Manley, Highland; W. H. McCarrol, Pontiac; J. A. Miller, Farmington; T. E. McDonald, Holly; J. S. Morrison, Royal Oak; H. A. Sibley, Pontiac; C. J. Sutherland, Clarkston. (14)

O. M. C. O. R. O.—A. C. MacKinnon, Lewiston; H. H. Merriman, Grayling; C. C. Probert, West Branch. (3)

Ottawa—T. A. Boot, Holland; D. G. Cook, Holland; Henry Kremers, Holland; H. J. Poppen, Holland; W. G. Winter, Holland. (5)

Saginaw—D. E. Bagshaw, Saginaw; J. D. Bruce, Saginaw; W. L. Dickinson, Saginaw; B. B. Rowe, Saginaw; C. H. Sample, Saginaw; G. W. Stewart, Saginaw; P. S. Windham, Saginaw. (7)

Sanilac—J. A. Fraser, Lexington; J. W. Scott, Sandusky. (2)

Schoolcraft—G. M. Livingston, Manistique. (1)

Shiawasse County—A. L. Bailey, Chesaning; Louis Fleckenstien, Detroit; Arthur M. Hume, Owosso; C. McCormick, Owosso; S. S .C. Phippen, Owosso; W. E. Ward, Owosso. (6)

St. Clair—J. A. Attridge, Port Huron; C. W. Ash, St. Clair; W. E. Burtless, St. Clair; A. L. Callery, Port Huron; J. L. Chester, Emmett; C. C. Clancy, Port Huron; Sarah E. Connor, Port Huron; A. H. Cote, Port Huron; W. P. Derck, Marysville; Theo. Heavenrich, Port Huron; J. W. Inches, St. Clair; Alex. J. MacKenzie, Port Huron; A. D. MacLaren, Port Huron; G. S. Ney, Port Huron; J. S. Platt, Port Huron; S. K. Smith, Port Huron; C. B. Stockwell, Port Huron; A. E. Thompson, St. Clair; R. K. Wheeler, Port Huron; Mortimer Willson, Port Huron. (20)

St. Joseph—Fred W. Robinson, Sturgis. (1)

Tri County—B. H. McMullen, Cadillac; R. J. E. Oden, Cadillac; W. B. Wallace, Manton. (3)

Tuscola—C. W. Clark, Caro; W. C. Garvin, Millington; Jas. H. Hays, Cass City; O. G. Johnson, Fostoria; A. L. Seeley, Mayville. (5)

Washtenaw—James F. Breakey, Ann Arbor; W. F. Breakey, Ann Arbor; D. M. Cowie, Ann Arbor; Howard H. Cumming, Ann Arbor; C. G. Darling, Ann Arbor; R. L. Dixon, Lansing; Conrad Georg, Jr., Ann Arbor; A. W. Hewlett, Ann Arbor; J. W. Keating, Ann Arbor; R. G. Leland, East LeRoy; Dean Loree, Ann Arbor; H. J. Pearson, Ann Arbor; J. H. Pettis, Ann Arbor; H. W. Schmidt, Chelsea; Jeane C. Solis, Ann Arbor; L. F. Warren, Ann Arbor; F. R. Waldron, Ann Arbor; John A. Wessinger, Ann Arbor. (18)

Wayne, Detroit—James E. Ames, Charles D.

Aaron, Frank B. Allison, A. W. Abbott, O. S. Armstrong, Gilbert J. Anderson, Wm. Appelbe, Fred B. Ashton, R. C. Andries, J. H. Andries, Emil Amberg, Charles G. Anderson, Fred N. Blanchard, Warren L. Babcock, Max Ballin, W. L. Baker, C. G. Burgess, Robt. Beattie, A. W. Blain, Jay M. Burgess, C. C. Benjamin, D. N. Barrett, G. Van Amber Brown, F. J. Buesser, C. D. Brooks, Howell L. Begle, Samuel Bell, Carl Bonning, Robert J. Baskerville, J. H. Boulter, W. E. Blodgett, Andrew P. Biddle, F. W. Bowman, Percy Barlow, John N. Bell, B. P. Brodie, F. B. Burke, T. J. Callan, Fleming Carrow, Ray Connor, Grace M. Clark, W. R. Chittick, E. M. Currie, Walter J. Cree, C. L. Chambers, T. B. Cooley, Wm. J. Cassidy, Don M. Campbell, A. N. Collins, Chas, W. Courville, J. W. Cunningham, J. H. Carstens, O. L. Cowan, Willard Chaney, Robert H. Carmichael, J. C. Clippert, James Cleland, Jr., G. M. Canfield, R. L. Clark, John R. Carr, Guy L. Connor, J. H. Dempster, Charles Douglas, Minnie E. Dawson, C. J. Dees, A. E. Dreyer, Wm. Dunlap, Samuel Duffield, John C. Dodds, Chas. A. Dutton, C. R. Davis, George Duffield, W. M. Donald, Francis Duffield, James E. Davis, P. C. Dulitz, D. A. C. Duncomber, Justin E. Emerson, Wm. E. Emerson, Wm. A. Evans, E. B. Forbes, J. Flinterman, M. A. Feckheimer, Wm. E. Fleming, Walter D. Ford, Albert L. French, O. E. Fischer, George E. Fay, C. A. Fisher, L. E. Grant, K. Gunsolus, V. L. Garbutt, J. E. Gleason, Robert W. Gillman, A. J. Griffith, J. K. Gailey, J. H. Gratton, J. H. Greenwood, H. B. Garner, Louis J. Goux, E. M. Houghton, Mary G. Haskins, Charles W. Hitchcock, W. A. Hackett, Preston M. Hickey, C. Marcus Hagen, E. H. Hayward, Samuel C. Hanna, G. B. Hooper, J. D. Hamilton, Robert Hislop, Neal L. Hoskins, W. R. Henderson. Thomas J. Henry. Vernon J. Hooper, Arthur D. Holmes, H. L. Hawkins, John G. Harvey, W. G. Hastie, J. W. Harrison, Florence Huson, W. G. Hutchinson, Leo H. Herbert, H. W. Hewitt, E. W. Henderson, L. W. Haynes, Hugh Harrison, Wm. Hipp, Alice Hurst, Louis J. Hirschman, David Inglis. John L. Irwin, Geo. W. Irvine, A. W. Ives, Albert H. Johnson, H. D. Jenks, R. K. Johnson, A. J. Jones, R. C. Jamieson, C. G. Jennings, H. P. Johnson, William E. Keane, Chas F. Kuhn, Geo. A. Kirker, Frederick C. Kidner, Guy L. Kiefer, J. Everett King, W. K. Kwiecinski, R. E. Loucks, Wm. C. Lawrence, E. J. Lackajewski, David J. Levy, Juanita I. Lea, H. W. Longyear, H. A. Luce, Ernest C. Lee, G. B. Lourie, P. J. Livingstone, A. D. LaFerte, Daniel LaFerte, E. G. Martin, D. McFadyen, Plinn F. Morse, W. H. Morley, R. E. Mercer, E. B. McKay, A. D. McEachren, Charles S. Morley, George P. Myers, Theo. A. McGraw, Sr., A.D. McAlpine, F. W. McNamara, D.McClurg, James A. McVeigh, Edward W. Mooney, Martin V. Meddaugh, J. I. MacGeagh, Angus McLean, Walter P. Manton, Walter Manton, J. A. MacMillan, Guy McFall, Wm. F. Metcalf, H. O. McMahon, C. R. Meloy, E. D. Merritt, L. E. Maire, J. D. Mathews, Geo. E. McKean, Frederick H. Newberry, F. S. Newman, Anna Odell, Robert W. Odell, C. S. Oakman, G. E. Potter, E. J. Panzer, R. L. Pfeiffer, H. G. Palmer, Frank E. Pitcher, I. L. Polozker, W. E. Potter, A. D. Potter, Delos L. Parker, G. H. Palmerlee, Rolland Parmeter, J. Milton Robb, H. F. Raible, W. H. Rieman, R. S. Rowland, F. W. Robbins, Herbert M. Rich, Jos. Shellfish, V. L. Smith, Joseph Sill, Burt R. Shurley, Rollin H. Stevens, Herman Sanderson, M. J. Schwanz, C. F. Spademan, Thos. E. Spillane, A. H. Steinbrecher, Benjamin R. Schenck, Geo. J. Schaller, Glenn W. Stockwell, M. E. Silver, J. H. Sanderson, Theo. Schmalzreidt, Theodore H. Smith, D. L. Sherwood, E. B. Smith, Alex. M. Sterling, Eugene Smith, E. L. Shurley, W. C. Stevens, C. W. Shotwell, E. H. Sickler, William J. Stapleton, Jr., W. J. Seymour, C. E. Simpson, H. L. Simpson, John H. Slevin, R. A. Seaborn, F. J. Sober, Edwin S. Sherrill, Clarence G. Sayers, Homer E. Safford, G. H. Sherman, Frank T. Stephenson, B. R. Summer, Anna M. Starring, H. N. Torrey, Wm. E. E. Tyson, W. E. Tiffin, A. Thuner, R. S. Taylor, J. C. Tufford, F. B. Tibbals, H. S. Ulbrich, V. C. Vaughan, Jr., J. W. Vaughan, H. R. Varney, Arthur VanderVelpen, Frank B, Walker, Harold Wilson, Walter J. Wilson, Jr.. W. J. Wilson, Sr., Walter E. Welz, J. Vernon White, Thaddeus Walker, H. O. Walker, A. B. Wickham, J. T. Watkins, Joseph E. G. Waddington, George Matthew Waldeck, H. W. Yates, J. M. Burgess, Northville. (275) *Non-Members*, Application pending—F. M. Pullford, Samuel Kahn, J. W. Schureman, W. D. MacQuisten, John H. Neary, G. H. McMahon, E. C. VanSyckle. (7)

Non-Members—John J. Marker, Eloise; Douglas Gordon, Detroit; E. L. Emmons, Detroit; Geo. W. Palmer, Chelsea; Jas. G. Cumming, Ann Arbor; Beatrice A. Stevenson, Detroit; E. J. Snyder, Detroit; Emma K. Bower, Detroit; N. M. Stevens, Detroit; B. G. McGarry, Fenton; N. S. Chamberlin, Royal Oak; C. L. Washburne, Ann Arbor. (12)

STILL "GETTING" DR. WILEY

"LET the pot sizzle. Dr. Wiley may come out of the fracas unharmed, we hope sincerely that he will, but others may get their fingers burned."*

As announced last month Dr. Wiley came out unharmed, thoroughly and completely vindicated by the President. Furthermore, Dr. Wiley was called back to Washington from his vacation, to meet with Secretary Wilson of the Agricultural Department, and consider ways and means of carrying on the work of enforcing the Pure Food Law. As a result of these conferences, Solicitor McCabe has retired from the Board of Food and Drug Inspection. Dispatches did not say whether he was "allowed to resign." Dr. F. L. Dunlap, the third member of the Board of Food and Drug Inspection, was granted a vacation, until the President's return. Dr. Dolittle, of New York, chief of the New York division of the Bureau of Chemistry, has succeeded Solicitor McCabe on the Board. Thus the enforcement of the pure food law is practically restored to Dr. Wiley's hands, but now comes an attack from another source. The JOURNAL of the Michigan State Medical Society has received the following letter:

Editor JOURNAL Michigan State Medical Society
Battle Creek, Michigan.

DEAR DOCTOR:

There has been a great deal of matter published in the press, recently, in reference to the excellent work done by Doctor Harvey W. Wiley, Chief of the Bureau of Chemistry. Press reports, however, are so garbled that the public is not informed of the true conditions existing. That Doctor Wiley, instead of being vigilant, was very negligent in his duties, was disclosed in the investigation recently conducted by the committee on expenditures.

It has long been supposed that Doctor Wiley is the doctor's friend. That such is not the case, however, is shown in letters written by Solicitor McCabe to Doctor Wiley. It affords me pleasure to enclose copies of same, which are self-explanatory.

I am also sending you under separate cover a pamphlet I have prepared on "Natural and Condimental Food Preservatives."*

Trusting you will find time to read same, I am,
Yours truly,
(Signed) H. L. HARRIS.

We have received letters from H. L. Harris before and have replied to this one, asking him what interests he represents.

Needless to say, the copies of McCabe's letters enclosed are not as convincing as he (Harris) would like us to believe, nor does he furnish us with Doctor Wiley's reply to McCabe.

Does Mr. Harris, or rather the interests he represents, believe that the Medical Profession will accept the statement of a man who, under duress, resigned his position on the Board of Food and Drug Inspection when he tries to discredit the man who, when under investigation, was absolutely and unequivocably vindicated?

It is needless, also, to point out the result of the investigation conducted by the Congressional Committee on Expenditures in the Agricultural Department. They not only do not show negligence on the part of Doctor Wiley, but show how he was hampered on every side, and at all times, by this same solicitor McCabe and others.

We have faith in Doctor Wiley, and believe that he will be able to survive this new attack with just as much credit as he did the other.

"Press reports are so garbled that the public is not informed of the true conditions existing." Rather a broad accusation against the whole press of the Nation, is it not?

*Editorial Journal M. S. M. S., September, 1911.

*Never received.

PROPOSED BUTTON

THE Wayne County Medical Society furnished a very appropriate pin to fasten on the badges at our State Meeting in Detroit. It is a silver button for the coat lapel, upon which appears, in the center, the rod of Aesculapius entwined with a coiled serpent. This is surrounded by a conventional wreath, and around the whole is a circular space bounded by two concentric dotted circles and containing the words "Michigan State Medical Society."

The Committe of the Wayne County Medical Society suggests that if the State Society wishes to adopt official buttons, these can be prepared at small expense.

The Button was well received at the Meeting. One thousand were prepared and all were given away before the meeting adjourned, many asking for some to take home to the other members of their County Society.

ANTITOXIN AND SUDDEN DEATH FOLLOWING ITS INJECTION

TRANSFUSION of blood has been used many years in the treatment of disease. The first reference to this practice is June 15, 1667, when Von Denis[1] transfused lamb's blood. The practice fell into disuse, but was revived about the middle of the 19th century. It was soon shown to be associated with great dangers.

In the year 1894, the use of diptheria antitoxin caused a widespread practice of injecting horse serum. This practice differed from the previous transfusion in that only small quantities of serum were used and the blood cells were not used. One of the first serious accidents following the use of diphtheria antitoxin, *i. e.* horse serum, was the death of Professor Langerhans' son. In 1896 Gottstein[2] reported eight cases of death following injection of serum in those having diphtheria and four deaths in those not sick with diphtheria.

This question of sudden death following the use of horse serum is the subject of several bulletins of the Hygienic Laboratory of the United States Public Health and Marine Hospital Service. Rosenau and Anderson[3] state in reference to this subject:

> While at first we thought that diphtheria antitoxin had some relation to this action, we are now able to state positively that it has nothing whatever to do with the poisonous action of horse serum; further, that diphtheria antitoxin in itself is absolutely harmless. The toxic action which we have studied is caused by a principle in normal horse serum and is entirely independent of the antitoxic properties of the serum.

They have shown that the injection of even a small amount[4] of horse serum in guinea pigs which have previously had an injection of horse serum, produces very severe symptoms, and even death within a few minutes; also that very small amounts of horse serum are necessary to sensitize the guinea pig,—in one instance, as little as 0.000,001 c.c. After the pig is sensitized as small an amount as 0.1 c.c. of horse serum is sufficient to cause the death of the animal. In bulletin number 36[5] appearing April 1907, they have shown that in guinea pigs a sensitized mother will transmit the sensitization to her offspring while the father will not; also that the sensitization is of long continuance[6] They have been able to show that guinea pigs fed with horse serum or horse meat[7] are suseptible to sub-

1. Landois.—Eulenburg's Realenzyklopaedie, 3 Auflage
2. Therap. Monatsch, 1896.
3. Hygienic Lab. Bul. 29, U. S. P. H. & M. H. S., p. 8.
4. Idem., pp. 47-49.
5. Hygienic Lab. Bul. 36, U. S. P. H. & M. H. S., pp. 47 et seq.
6. Idem., p. 62.
7. Idem., p. 61.

sequent injections of horse serum, and that the same is true in reference to beef, and cattle serum.

H. J. Gillette,[8] of Cuba, N. Y., reported a case of sudden death, following the injection of antitoxin for the relief of asthma. Later S. N. Wiley,[9] E. L. Boon,[10] and others, reported similar cases in the treatment of diphtheria, tetanus, etc. A. P. Ohlmacher,[11] of Detroit, reported two cases of severe symptoms, with recovery, in the treatment of rheumatism by the injection of horse serum. Many of these cases have been reported and there has been much conjecture as to the cause of death. The Surgeon General[12] of the Marine Hospital service suggested that the presence of asthmatic symptoms in the patient might have some bearing upon this question. This had also been suggested by others.

In Berliner klinische Wochenschrift, Berlin, August 30, 1908, a physician describes the collapse in his own person. It occurred in less than half an hour after a prophylactic injection of 1,000 units of antitoxin The threatening symptoms lasted nearly three hours and then gradually subsided, so that he had quite recovered the next day. He had noticed from childhood that the smell of horses produced discomfort and symptoms suggesting hay fever; they came on when he went into a stable, or was driving. Cows and other domestic animals did not have this effect, and he never had hay fever or asthma. It seems evident that the collapse was due to special hypersusceptibility to horse serum, and this view is confirmed by the fact that a kind of immunity persisted for three months afterward and then gradually subsided.

Editorially the Journal of the American Medical Association[14] suggests, that when such alarming symptoms develop, following the injection of horse serum, the patient be etherized. Besredka[15] finds that in sensitized guinea pigs all the usual symptoms of hypersusceptibility are prevented by ether narcosis.

Thomas,[15] after reporting a case of severe symptoms with recovery, states:

> I have used antitoxin for years and have given it twenty-five times since that unfortunate experience of five months ago, and only with good results. But in the light of the experience reported during the past few months, it behooves the profession to be on guard in the use of this remedy that we have heretofore given with feelings of safety.

Miller and Root[16] urge the use of as small an amount of horse serum as will contain the necessary antitoxin dose.

Vaughan[17] has suggested that in view of the universal use of horse serum, a small (0.5 cc.) dose of antitoxin be first injected to "discharge" the sensitization. After two or three hours, provided no severe reaction has followed, the large doses may be given with safety.

Scheidemandel[18] warns that the experience to date shows the possible peril with serotherapy. It should be restricted to cases in which it is absolutely necessary, and the patient's susceptibility should be determined, with minute doses first. Before giving the serum, inquiry should be made as to whether the patient has ever used it before. Scheidemandel thinks that it is possible that curative serums derived from monkeys may be better suited for clinical use than horse serum. He reports a case of severe collapse after a third injection of antistreptococcus serum given on account of a febrile osteomyelitis of the pelvis. The anaphylactic phenomena

8. Jour. A. M. A., Jan. 4, 1908, p. 40.
9. Idem., Jan. 11, 1908, p. 137.
10. Idem., Feb. 8., 1908, p. 453.
11. Idem., March 14, 1908, p. 875.
12. Idem., Feb. 8., 1908, p. 468.
13. Ann de l'Inst. Pasteur, 1907, xxl, p. 950.
14. Jour. A. M. A., Feb. 22, 1908, p. 3613.
15. Idem., July 4, 1908, p. 38.
16. Therapeutic Gazette, Feb., 1910.
17. Jour. M. S. M. S., Nov., 1908, p. 550.
18. Muenchen, Med. Wochensch, Oct. 26, 1909.

have been observed as late as three years after the first injection.

After receiving reports of sudden death or collapse, following serum injection, Gillette[19] reports as follows:

Out of the 23, 16 patients gave a history of some form of respiratory disease. Six of the 16 patients died and ten went into a state of collapse, with final recovery. Seven of the 23 gave no history of respiratory distress and the fact was definitely determined. Four of the 7 cases died and three went into a state of collapse, with final recovery. The conclusions based on these reports were as follows: There is a certain element of danger, if any form of horse serum is used in subjects who have suffered from any form of respiratory embarrassment, such as asthma, the so-called cardiac or renal asthma, hay fever, with resulting asthma; subjects liable to irritation of the mucous membranes when about a horse or stable. 2. Collapse or death was accompanied by a respiratory crisis, and when death occurred, it took place usually in less than ten minutes from the time of the injection. 3. The administration of any form of horse serum is liable to cause collapse or death, if the subject suffered from respiratory distress, and it is not due to any form of the antitoxin, or to any error on the part of the maker of the serum or the age of the serum, but to some highly organized proteid present in the serum, and the reaction of the proteid causes the crisis. This reaction takes place only under certain conditions. 4. The heart continues to act long after respiration has ceased.

Quoting again from Rosenau and Anderson[20]:

It is still our belief that it is not the special toxicity of the horse serum, but the sensitization of the patient, which accounts for the collapse or sudden death sometimes following the injection of horse serum. We are still unable to account for the ways in which man may be sensitized to a foreign protein. It seems perfectly plain, however, that man may be so sensitized. The knowledge of the fact that an injection of horse serum into some asthmatics may be attended with danger should be considered in the use of antitoxin.

The pathological report of the Gillette case[8] is not very full. Dr. Collier,[21] of Oxford, examined a girl of 19, an asthma sufferer, dead from horse serum injection, and found the lungs and cavities of the heart in such a condition as could only be brought about by sudden and extreme spasm, such as might be accounted for by an acute attack of asthma. In his opinion the injection of antitoxin started such an attack. He did not think that any one could have possibly anticipated such a result. In view of the great importance of the inquiry, he invited Dr. Dreyer, professor of patholgy in the University of Oxford, to be present at the examination. The latter agreed with his conclusions. At the inquest which was held, the jury returned a verdict that death was due to an attack of acute asthma, started by an injection of diphtheria antitoxin which had been administered with proper care.

Occasionally (though rarely) we read of a case of anaphylaxis (sudden death following the injection of antitoxin.) Usually in these cases no autopsy is done, or one by a general practitioner who looks only for gross pathology. Is it not possible that an expert pathologist could learn something of value to us in the future use of horse serum? Let us hope that every one of these unfortunate cases possible be turned over to a pathologist for careful study, so that the life, while lost, may not be lost in vain. Many cases are reported in which collapse occurred, following the injection of horse serum, with symptoms of respiratory trouble. By constant attention and heroic efforts, stimulation and artificial respiration, doctors have saved these patients. Rosenau and Anderson[22] have suggested that the essential lesion in serum

19. Jour. A. M. A., Feb. 13, 1909, p. 580.
20. Hygienic Lab. Bul. 45, U. S. P. H. & M. H. S., p. 61
21. Jour. A. M. A., Jan. 16. 1909, p. 223.
22. Hygienic Lab. Bul. 29, U. S. P. H. & M. H. S. p. 14.

anaphylaxis is probably localized in the respiratory center. Knowing this the doctor should, when he notices any untoward symptom following the injection of antitoxin, stay by his patient and use every means in his power to re-establish respiration. It has been shown repeatedly that the heart continues to beat after respiration ceases [19-22]

Before giving a dose of horse serum there are certain things which we should attend to. We should know, not only whether the patient has had horse serum injected before, but whether the patient's mother had previous to the patient's birth. We should know whether the patient has any form of respiratory or asthmatic trouble. We should be prepared to stay with the patient at least half an hour; to etherize the patient if any alarming symptoms arise; to produce artificial respiration, and, in short, to use every means in our power to re-establish respiration.

THE JOURNAL OF THE IOWA STATE MEDICAL SOCIETY

AMONG the latest recruits to the ranks of State Medical Societies owning and publishing their own Medical Journal, is Iowa. The Journal of the Iowa State Medical Society is unique among the State Journals,—it carries no advertising. The Editor is D. S. Fairchild, Clinton, Iowa, and he is to be congratulated upon the general appearance and arrangement. The time is undoubtedly coming when practically all the State Medical Societies will publish their own Journal. We shall watch with interest Iowa's attempt to do without advertising.

A CORRECTION

In the obituary notice of Dr. Malcolm Graham, in the September number, page 434, his age was given as 62. It should have been 72. We have this information from Dr. G. W. H. Kemper, of Muncie, Indiana. We are always glad to receive and make corrections, whenever error creeps into the JOURNAL, and thank Dr. Kemper for his courtesy.

IN MEMORIAM

Dr. Herman Kiefer of Detroit, an honorary member of the Michigan State Medical Society, died October 11th, at the age of 85. From his arrival in Detroit, in 1849, a refugee from Prussian tyranny, he at once manifested and always maintained an interest in the city's affairs, and contributed by his advice, his influence and his work in various offices, to its welfare. As a medical man he was a physician of the old school, adhering strictly to the most orthodox science of the profession, and having little toleration for the "pathies" of the various sorts which have made their appearance during the past half century. His intellectual interests were various and broad; his knowledge of the literatures of many languages liberal and thorough, and his sympathy deep in all new developments of scientific research outside, as well as within, his profession. His long and active life in Detroit made his handsome and dignified personality a conspicious and familiar one in the streets of the city, so that there were few of the population, except within the last few years of his feebleness and retirement, who did not know him by sight and admire him. He was one of the best known and most admired men of the city for at least two generations past, and his disappearance from familiar places in recent years has been observed and regretted by many.

PROCEEDINGS OF THE FORTY-SIXTH ANNUAL MEETING OF THE MICHIGAN STATE MEDICAL SOCIETY, HELD AT DETROIT, SEPTEMBER 27 AND 28, 1911

MINUTES OF THE MEETING OF THE COUNCIL, MICHIGAN STATE MEDICAL SOCIETY

Sept. 26, 1911.

The Council of the Michigan State Medical Society was called to order by Chairman Dodge at Wayne County Medical Building, Detroit, at 4:00 P. M., Tuesday, September 26, 1911.

Present: Chairman Dodge, Councilors Biddle, Bulson, Haughey, Rockwell, Spencer, Kay, Seeley, Baker, Ennis, President Burr, Secretary-Editor Wilfrid Haughey, Treasurer Inch, F. B. Tibbals, Chairman of the Medico-Legal Committee, and Dr. A. R. Craig, Secretary of the A. M. A.

The report of the Council to the House of Delegates was read by Chairman Dodge and adopted, section by section, and as a whole.

Moved by Councilor Spencer that we recommend to the House of Delegates that the time of holding the Annual Meeting of the State Society be changed so that the meetings may be held in the spring or summer months.

Supported by Councilor Haughey and carried.

Councilor Ennis moved that Dr. Elwood, Secretary of the Menominee County Medical Society, be allowed to address the Council.

Permission was granted.

Dr. Elwood stated that he had been requested by the Menominee County Medical Society to ascertain if it could be arranged for the members of the Menominee County Medical Society to withdraw from the Michigan State Medical Society and join the Wisconsin State Medical Society, retaining their membership in the A. M. A. through Wisconsin. This request is made because of the geographical location of Menominee, it being very difficult to attend the State meetings in Michigan and comparatively easy to attend those of Wisconsin.

In the discussion it developed that if this request was granted, there might be a question as to the defense of the members from Menominee county, and also they might lose their membership in the A. M. A., as that Association requires that at the expiration of one year each of its members acquire membership in the County Society of the county and state in which he practises medicine.

No action was taken in the matter.

In the absence of Councilor Hume, Councilor Biddle presented the following communication from Genesee County Medical Society:

DR. A. M. HUME,
Councilor of the Sixth District,
Owosso, Mich.

DEAR DOCTOR:

At the last regular quarterly meeting of Genesee County Medical Society Drs. Noah B. Bates and R. N. Murray, of Flint, were elected to honorary membership in the Society. Both of these venerable gentlemen have been in active practice for thirty years and ten years as members of this Society.

Genesee County Society recommends them to the Council for their appointment as honorary members of the Michigan State Medical Society.

Yours respectfully,
C. P. CLARK, *Secretary.*

Councilor Biddle moved that Drs. Bates and Murray be recommended to the House of Delegates for Honorary Membership, and also Dr. H. B. Landon, of Bay City.

Supported and carried unanimously.

Councilor Baker moved that Dr. Chas. H. Mayo, of Rochester, Minn., be recommended for Non-Resident Honorary Membership. Carried unanimously.

Chairman Dodge suggested the nomination of Dr. Craig, Secretary of the A. M. A., for Non-Resident Honorary Membership.

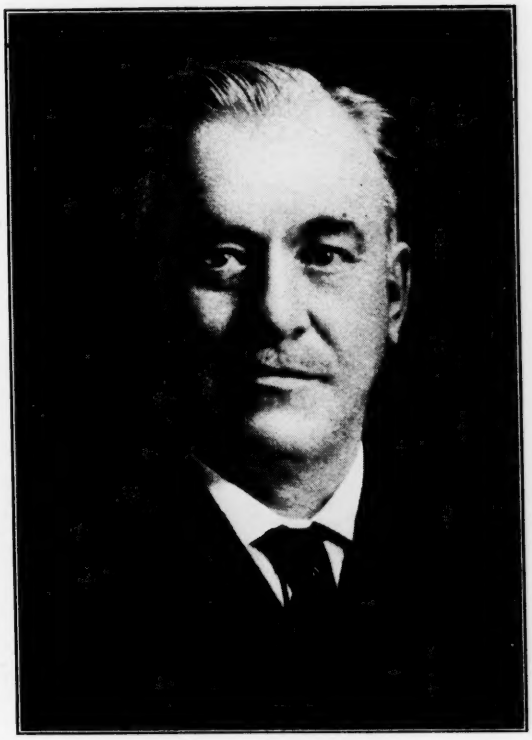
On motion the nomination carried unanimously.

The Secretary-Editor stated that it was quite necessary to make different arrangements as to keeping the mailing list of the JOURNAL, and suggested the purchase of an addressing machine. This matter was laid over until the next session.

Recess was taken until 2:00 P. M., Wednesday, Sept. 27, 1911.

Sept. 27, 1911.

The second session of the Council of the Michigan State Medical Society was called to order by Chairman Dodge at the Hotel Pontchartrain, Sept. 27, 1911, at 3:30 P. M.



PRESIDENT MICHIGAN STATE MEDICAL SOCIETY 1911-12

The entire Council was present, also the Secretary-Editor.

The Minutes of the previous session were read and approved as corrected, by adding the name of Dr. Landon to those recommended for Honorary Membership.

The Council proceeded to consider the request from the House of Delegates that the Council formulate a more definite plan of redistricting the State than is provided for in the proposed amendment to the Constitution, which reads as follows:

"ARTICLE VIII, Section 1, strike out the words 'and twelve Councilors' and substitute the words 'and a Board of Councilors.'"

After discussion it was moved by Councilor Haughey that the Council request the House of Delegates to establish two extra Councilor Districts, one in the northern part of the state, to consist of the counties of Antrim, Charlevoix, Emmett, Cheboygan, Presque Isle, Alpena, and Alcona; and another in the southern part of the state to consist of the counties of Washtenaw, Lenawee, and Monroe, and ask for fourteen Councilors.

The motion was supported by Councilor Seeley, and carried.

Chairman Dodge suggested the following recommendation to the House of Delegates as a substitute to the proposed Amendment to the Constitution:

"The Council recommends that Article VIII, Section 1, of the Constitution, be amended by striking out the words 'and twelve Councilors,' and substituting the words, 'and a Board of Councilors of such number as the House of Delegates upon recommendation of the Council, may from time to time fix by resolution.'"

Councilor Hume moved the adoption of the recommendation.

Supported by Councilor Bulson, and carried.

The Secretary stated that he had been requested by Dr. Amberg to bring before the Council the matter of having a Committee appointed by the Michigan State Medical Society to formulate some plan of controlling the practice of Specialties.

After some discussion this subject was decided to be under the jurisdiction of the House of Delegates.

Moved by Councilor Baker that the purchasing of an addressing machine be left in the hands of the Secretary with power to act.

Supported and carried.

Moved by Councilor Rockwell that the Secretary-Editor be granted authority to purchase a copy of the new directory of the A. M. A.

Supported and carried.

The Secretary-Editor read the following letter from the Secretary of Board of Trustees, A. M. A.

New York, N. Y., March 13, 1911.

DEAR DOCTOR:

At a meeting of the House of Delegates of the American Medical Association held in St. Louis, Wednesday, June 8, 1910, the following resolution was presented by Dr. Hubert Work, of Colorado:

"WHEREAS, the plan of organization of the profession carried to its logical conclusion means that every member of a county society should be *ipso facto* a member of the American Medical Association, just as every member of a county society is *ipso facto* a member of a state society, and as it is the ultimate end of the plan that the American Medical Association should be coextensive with the organized profession throughout the land, and as nearly, if not quite, every State already has adopted the plan so far as making every member of a county society a member of a state society, therefore be it

"RESOLVED, That the President appoint a committee to draw up details for extending the plan to the American Medical Association, and to present this plan to the various state societies for their consideration during the coming year, and make a report at the next Annual Meeting of the House."

Dr. Alexander Lambers, of New York, moved as an amendment, that the resolution be referred to the Board of Trustees, because it means a separation of the JOURNAL from the membership in a manner which involves the finances of the Association.

The amendment was seconded, and accepted, and the original motion as amended was carried.

The Trustees have given this matter full consideration, and at a meeting held in Chicago on February 3rd, 1911, the following resolution was passed:

"RESOLVED, that the Board of Trustees refer to the various state societies the question of the desirability of extending the plan of organization as represented in the foregoing resolution, and request that the various state societies take action on this matter and report to the Board.

In accordance with this last resolution I beg herewith to transmit the matter to your Society for consideration, and request that your report be sent to the Board of Trustees, American Medical Association, 535 Dearborn Ave., Chicago, Ill.

Very truly yours,
WISNER R. TOWNSEND, *Secretary.*

DR. WILFRID HAUGHEY, *Secretary,*
Michigan State Medical Society,
Battle Creek, Mich.

Moved by Councilor Haughey, that this letter be referred to the House of Delegates without recommendation from the Council.

Supported by Councilor McMullen and carried.

A recess was taken until 12:00 P. M., Thursday, Sept. 28, 1911.

Sept. 28, 1911.

The last session of the Council of the Michigan State Medical Society was called to order by Chairman Dodge at noon, Thursday, September 28th, 1911.

Present: Chairman Dodge, Councilors Biddle, Bulson, Haughey, Rockwell, DuBois, Hume, Seeley, Ennis, Southworth, President-Elect Welsh and Secretary-Editor Wilfrid Haughey.

Chairman Dodge introduced to the Council the new President, Dr. D. Emmett Welsh, of Grand Rapids, and the new Councilors, Dr. W. J. DuBois, of Grand Rapids, Councilor of the Fifth District and Dr. C. T. Southworth, of Monroe, Councilor of the 14th District.

The Minutes of the last session were read and approved.

The Secretary reported that the House of Delegates had requested the Council to appropriate One Hundred Dollars to be used in purchasing a suitable Memorial to be presented to the Wayne County Medical Society, as an expression of appreciation from this Society for the entertainment afforded.

Moved by Councilor Bulson that the Council appropriate One Hundred Dollars for that purpose, subject to the use of the Committee to be appointed by the President.

Supported and carried.

Moved by Councilor Biddle that the Secretary be ordered to cast the unanimous ballot of the Council for Councilor Dodge to succeed himself as Chairman.

Motion supported and carried.

Secretary cast the uanimous ballot of the Council for Councilor Dodge and he was declared Chairman for the ensuing year.

Moved by Councilor Biddle that the Secretary be ordered to cast the unanimous ballot of the Council for Councilor Bulson for Vice-Chairman to succeed himself.

Motion supported and carried.

Secretary cast the unanimous ballot of the Council for Councilor Bulson for Vice-Chairman for the ensuing year, and he was declared elected.

Moved by Councilor Ennis that Councilor Haughey be retained as Secretary for the ensuing year.

Motion supported and carried.

Moved by Councilor Biddle that the Honorarium to the Secretary of the Council and to the Stenographer be the same as last year, Fifty Dollars each.

Motion supported and carried.

Chairman Dodge appointed the standing Committees as follows:

COMMITTEE ON FINANCE.

B. H. McMullen, Cadillac;
A. L. Seeley, Mayville;
C. H. Baker, Bay City;
C. T. Southworth, Monroe;

COMMITTEE ON PUBLICATION.

A. P. Biddle, Detroit;
W. J. Kay, Lapeer;
W. J. DuBois, Grand Rapids;
A. M. Hume, Owosso;

COMMITTEE ON COUNTY SOCIETIES.

W. H. Haughey, Battle Creek;
A. E. Bulson, Jackson;
A. H. Rockwell, Kalamazoo;
C. J. Ennis, Sault Ste. Marie;
F. C. Witter, Petoskey;

Moved by Councilor Biddle that the Secretary be instructed to extend to our retiring Councilor, Dr. Spencer, our appreciation of what he has done for us and for the State Society during the last six years, while he was a member of the Council, and our regret that he has found it necessary to leave the Council, and, at the same time, our good will for his success in the future.

Supported by Councilor Rockwell and carried.

Chairman Dodge suggested that a committee be formed to draft appropriate resolutions, expressing our appreciation of the pleasant relations of the Council with Dr. C. B. Burr, during his term of office as President of the Society, and also during the years he was a member of the Council, and that these resolutions be engrossed and forwarded to Dr. Burr.

Moved by Councilor Rockwell that the Chair appoint a committee of three to draft a set of resolutions as suggested, and that they be engrossed and forwarded to Dr. Burr.

Motion supported and carried.

Chair appointed the following committee: Councilors Rockwell, Biddle, Hume.

Adjournment was taken to meet in January at the call of the Chairman and Secretary.

W. H. HAUGHEY,
Secretary of Council.

BURR RESOLUTIONS

The Committee of the Council appointed to draft resolutions expressing the appreciation of the Council to *Dr. C. B. Burr* for his manifold service to the Council and the Michigan State Medical Society, respectfully offers the following:

WHEREAS, With the expiration of his term

of office as President of the Michigan State Medical Society the official relation of *Dr. C. B. Burr* with the Council has terminated; be it

RESOLVED, That the sincerest appreciation of the Council be and is hereby expressed to *Dr. C. B. Burr*, for his long continued and faithful services in the interest of the Michigan State Medical Society, both as a member of the Council, its presiding officer, and as President of the Society;

RESOLVED, That the Council, with gratitude record his devotedness to the welfare of the Society, his unfailing courtesy in his deliberations as its presiding officer, his thoughtfulness of and sympathy with the views of others ;

RESOLVED, That the Council extend its best wishes for his future health, happiness and success, and its earnest prayer that the Society may enjoy for many years to come his wise counsel, the fruit of his ripened judgment;

RESOLVED, that these resolutions be spread upon the minutes of the Council, that a copy be recorded in the JOURNAL of the Michigan State Medical Society and that a copy be furnished Dr. Burr.

A. H. ROCKWELL,
A. M. HUME,
A P. BIDDLE.

MINUTES OF THE MEETING OF THE HOUSE OF DELEGATES MICHIGAN STATE MEDICAL SOCIETY

Sept. 27, 1911

The House of Delegates of the Michigan State Medical Society was called to order by President Burr in the Convention Hall, at the Pontchartrain, Detroit, at 8:30 A. M., Wednesday, Sept. 27th, 1911.

The report of the Committee on Credentials was read by the Chairman, Dr. B. R. Schenck, showing the following delegates registered:

Alpena, C. M. Williams; Bay, C. H. Baker; Benzie, C. P. Doyle; Berrien, C. N. Sowers; Calhoun, A. W. Alvord; Chippewa, J. Gostanian; Delta, G. W. Moll; Eaton, P. H. Quick; Emmett, J. J. Reycraft; Gratiot, E. M. Highfield; Hillsdale, W. H. Sawyer; Houghton, W. K. West; Ingham, M. L. Holm; Ionia, C. S. Cope; Kalamazoo Academy, W. A. Stone; Kent, W. J. DuBois, J. D. Brook, C. H. Johnston; Lapeer, J. V. Frazier; Manistee, L. S. Ramsdell; Menominee, C. R. Elwood; Monroe, C. T. Southworth; Muskegon-Oceana, F. B. Marshall; Schoolcraft, G. M. Livingston; Tri-County, D. R. Ralston; Tuscola, C. W. Clark; Washtenaw, R. Peterson, John A. Wessinger; Wayne, F. B. Walker, G. L. Kiefer, F. W. Robbins, G. E. McKean, C. G. Jennings, B. R. Schenck, G. L. Connor, F. B. Tibbals; Genesee, H. E. Randall.

The following delegates registered later:

Barry, G. M. Lowry; Branch, Samuel Schultz;, Calhoun, G. C. Hafford; Genesee, A. R. Ingram; Huron, D. J. Monroe; Kalamazoo Academy, Wilbur F. Hoyt; Lenawee, Geo. H. Lamley; Livingston, J. W. Browne; Oakland, Mason W. Gray; Saginaw, P. S. Windham; St. Clare, C. C. Claney; Wayne, T. A. McGraw.

On roll call a quorum was found to be present.

The Minutes of the last Annual Meeting were read by the Secretary and on motion were accepted and adopted.

The report of the Committee on Arrangements, Dr. J. A. MacMillan, Detroit, Chairman, was presented, and on motion of Dr. Livingston, Schoolcraft, was accepted and ordered placed on file. (See page 494.)

The report of the Council to the House of Delegates was read by Dr. W. T. Dodge, Big Rapids, Chairman. (See page 557.)

Accepted and referred to the Business Committee to be appointed later.

The Report of Committee on Legislation and Public Policy and on the work of the National Legislative Council, was read by Dr. W. H. Sawyer, Hillsdale, Chairman. (See page 494.)

Dr. Schenck, Wayne, moved that the report of the Committee be accepted and placed on file. Carried.

The following amendment to the Constitution, proposed last year, was presented for adoption:

ARTICLE VIII, Section 1, strike out the words 'and twelve Councilors and substitute the words 'and Board of Councilors.'"

Moved by Dr. DuBois, Kent, that this amendment be tabled for one year, and that the matter be referred to the Council, with the request that they formulate and present a more definite plan.

Dr. Baker, Bay, moved as an amendment to the motion that the matter be laid on the table for one day, and that the Council be requested to report to the House of Delegates at the next session.

The amendment was accepted by Dr. DuBois.

The motion as amended was supported and carried.

On motion of Dr. DuBois, Kent, the report of Delegates to the A. M. A., by Richard R.

Smith, of Grand Rapids, was accepted as printed and ordered placed on file. (See page 497.)

Nominations for the Committee on Nominations were made from the floor as follows:

P. H. Quick, Eaton;
W. A. Stone, Kalamazoo;
C. T. Southworth, Monroe;
F. B. Marshall, Muskegon;
J. D. Brook, Kent.

On motion of Dr. DuBois, Kent, the nominations were declared closed.

Moved by Dr. Walker, Wayne, that the Secretary cast the unanimous ballot of all present for the election of the above named Nominees.

Motion supported and carried.

The Secretary cast the unanimous ballot of all present for the nominees and they were declared duly elected.

President Burr announced the following Business Committee:

W. K. West, Houghton,
J. A. Wessenger, Washtenaw,
L. S. Ramsdell, Manistee,
C. M. Williams, Alpena,
F. B. Walker, Wayne.

The Secretary presented the following petition:

TO THE HOUSE OF DELEGATES:

We hereby petition your Honorable Body to establish a Section on Ophthalmology and Oto-Laryngology in the Michigan State Medical Society. In the past this Department has been combined with the Surgical Section.

Emil Amberg	D. Emmett Welsh
P. M. Hickey	J. G. Huizinga
E. L. Shurly	Louis A. Roller
B. R. Shurly	John R. Rogers
R. W. Gillman	James M. DeKraker
Harold Wilson	R. T. Urquhart
Walter R. Parker	F. Dunbar Robertson
George M. Waldeck	Chas. Bloodgood
C. L. Chambers	J. Harvey Innis
M. P. Levin	Everard W. E. Paterson
Henry J. Hartz	Edward W. Tolley
H. L. Simpson	J. A. Heasley
Ray Connor	E. J. Bernstein
J. E. Gleason	E. P. Wilbur
Herman Sanderson	J. H. McKibben
Don M. Campbell	Wilfrid Haughey
Guy H. McFall	R. D. Sleight
Louis J. Goux	A. E. Bulson
R. E. Mercer	G. E. Winter
J. V. White	F. E. Grant
Chas W. Ryan	W. M. Carling
C. H. Baker	F. D. Heisordt
P. R. Urmston	H. Beach Morse
A. G. Rogers	D. B. Cornell

James Gostanian.

Moved by Dr. Gray, Oakland, that the petition be received, the prayer of the petitioners be granted, and that notice be given today of the amendment to Section 10, Chap. IV, of the By-Laws which will be required to bring this about.

The motion was supported and carried.

Proposed amendment to the By-Laws:

Amend Section 10, Chapter IV, to read as follows: "Section 10. The House of Delegates shall provide for the division of the scientific work of the Society into approprite Sections:

First—A Section on General Medicine.

Second—A Section on Surgery.

Third—A Section on Obstetrics and Gynecology.

Fourth—A Section on Ophthalmology and Oto-Laryngology."

Moved by Dr. Baker, Bay, that the Committee on Legislation and Public Policy be requested to formulate a bill or recommendation to the Legislature looking toward the hiring by School Boards of Medical Inspectors of School Children.

Supported by several and carried.

The Secretary stated that the fo lowing Associations were holding meetings contemporaneously with the meeting of the Michigan State Medical Society:

The Association of Military Surgeons, at Milwaukee.

The Indiana State Medical Association, at Indianapolis.

The Medical Society of the State of Pennsylvania, at Harrisburg.

Moved by Dr. Wessenger, Washtenaw, that the Secretary be instructed to send telegrams of greeting to the various societies.

Supported and carried.

(Messages despatched by the Secretary, immediately after adjournment.)

The House of Delegates adjourned to meet at eight o'clock on the morning of September 28th, 1911.

Sept. 28th, 1911.

The second session of the House of Delegates was called to order by President Burr at 8:30 A. M., in the Convention Hall, Hotel Pontchartrain, Detroit, Thursday, Sept, 28th, 1911.

The Minutes of the previous session were read by the Secretary and approved.

Dr. Brook, of the Committee on Nominations,

asked that they be given more time in which to formulate their report.

Request was granted.

The report of Committee on the Study and Prevention of Tuberculosis, Dr. H. J. Hartz, Detroit, Chairman, was accepted as printed and ordered placed on file. (See page 498.)

The report of the Committee to Encourage the Systematic Examination of the Eyes and Ears of School Children throughout the State, Dr. Walter R. Parker, Detroit, Chairman, was accepted as printed and ordered placed on file. (See page 501.)

The report of the Committee on Venereal Prophylaxis, by Dr. A. P. Biddle, Detroit, Chairman, was accepted as printed and ordered placed on file. (See page 499.)

Dr. W. T. Dodge, Chairman of the Council, submitted the following additional report:

"The Council recommends that Article VIII, Section 1, of the Constitution be amended by striking out the words "and twelve Councilors" and substituting the words "and a Board of Councilors of such number as the House of Delegates, upon recommendation of the Council, may from time to time fix by resolution.

"The Council recommends that the number of Councilor Districts be fixed at fourteen, that two extra Councilor Districts be etsablished, one in the northern part of the state, to consist of the Counties of Antrim, Charlevoix, Emmet, Cheboygan, Presque Isle, Alpena and Alcona, and another in the southern part of the state, to consist of the Counties of Washtenaw, Lenawee and Monroe.

"The following letter is referred to the House of Delegates without recommendation from the Council:

New York, N. Y., March 13, 1911.

DEAR DOCTOR:

At a meeting of the House of Delegates of the American Medical Association held in St. Louis, Wednesday, June 8, 1910, the following resolution was presented by Dr. Hubert Work, of Colorado:

"WHEREAS, the plan of organization of the profession carried to its logical conclusion means that every member of a county Society should be *ipso facto* a member of the American Medical Association, just as every member of a County Society is *ipso facto* a member of the State Society, and as it is the ultimate end of the plan that the American Medical Association should be co-extensive with the organized profession throughout the land, and as nearly, if not quite every state already has adopted the plan so far as making every member of a county Society a member of a State Society, therefore be it

"RESOLVED, that the President appoint a committee to draw up details for extending the plan to the American Medical Association, and to present this plan to the various State Societies for their consideration during the coming year, and to make a report at the next annual meeting of the House."

Dr. Alexander Lambers, of New York, moved as an amendment that the resolution be referred to the Board of Trustees, because it means a separation of the JOURNAL from the membership in a manner which involves the finances of the Association.

The amendment was seconded, accepted, and the original motion as amended was carried.

The Trustees have given this matter full consideration, and at a meeting held in Chicago on Feb. 3d, 1911, the following resolution was passed:

"RESOLVED, that the Board of Trustees refer to the various State Societies the question of the desirability of extending the plan of organization as represented in the foregoing resolution, and request that the various State Societies take action on this matter and report to the Board.

In accordance with this last resoultion I beg herewith to transmit the matter to your Society for consideration, and request that your report be sent to the Board of Trustees, American Medical Association, 535 Dearborn Ave., Chicago, Ill.

Very truly yours,
WISNER R. TOWNSEND
Secretary Board of Trustees A. M.A

DR. WILFRID HAUGHEY, *Secretary*,
Michigan State Medical Society,
Battle Creek, Mich.

"Since this letter was sent out a more definite plan has been under consideration, and a recommendation from this State Society is desired on that point. The plan is that members of the State Societies shall be *ipso facto* members of the American Medical Association, without the payment of any additional dues, but that those members who pay the Five Dollars subscription to the Journal of the A. M. A., shall be classed as "Fellows of the A. M. A." That, in brief, is the plan which is under consideration and the Council refers this matter to the House of Delegates without recommendation."

Moved by Dr. DuBois, Kent, that the report of the Council be accepted and the recommendations adopted.

Motion supported and carried.

Moved by Dr. Alvord, Calhoun, that the amendment to the Constitution as recommended by the Council be adopted.

Supported and carried.

Dr. Robbins, Wayne, moved the adoption of the following resolution:

"RESOLVED, That the number of Councilor Districts be placed at fourteen; that a new

district to be known as the 13th be establised, consisting of the counties of Antrim, Charlevoix Emmet, Cheboygan, Presque Isle, Alpena and Alcona; that a new district to be known as the 14th be established, consisting of the counties of Washtenaw, Lenawee and Monroe; that the Committee on Nominations nominate Councilors for these districts, the Councilor for the 13th district to be elected for a term of four years, and the Councilor for the 14th district to be elected for a term of six years, at the expiration of which terms their successors shall be elected for the regular term of six years."

The motion to adopt the above resolution was supported and carried.

Moved by Dr. Robbins, Wayne, that the House of Delegates of the Michigan State Medical Society approves of the general principles of the recommendation of the A. M. A., in that membership in the State and Country Societies carries with it membership in the A. M. A.

Moved by Dr. Baker, Bay, as a substitute, that the plan of admitting to membership in the A. M. A. which is recommended, meets with our approval, but that the use of the term of "Fellows" in connection with those who merely pay the dues which entitles them to the JOURNAL is highly objectionable.

The substitute motion was accepted by Dr. Robbins, supported and carried.

The Committee on Nominations, Dr. P. H. Quick, Chairman, submitted the following report:

Your Committee on Nominations begs to submit the following report:

For 1st Vice-President, Guy L. Connor, Detroit.

For 2nd Vice-President, Neil S. Mac Donald, Hancock.

For 3rd Vice-President, George C. Hafford, Albion.

For 4th Vice-President, George D. Carnes, South Haven.

For Representative in the House of Delegates of the A. M. A. for two years, E. T. Abrams, Dollar Bay.

For Alternate Representative, Arthur D. Holmes, Detroit.

For Councilor 4th District, A. H. Rockwell, Kalamazoo.

For Councilor 5th District, W. J. DuBois, Grand Rapids.

For Councilor 7th District, W. J. Kay, Lapeer.

For Councilor 10th District, C. H. Baker, Bay City.

For Councilor 13th District, F. C. Witter, Petoskey.

For Councilor 14th District, C. T. Southworth, Monroe.

The Committee would further recommend that the next Annual Meeting be held in Muskegon.

Signed by the Committee:

CHAS. T. SOUTHWORTH,
W. A. STONE,
J. D. BROOK,
F. B. MARSHALL.
PHIL H. QUICK, *Chairman*

Moved by Dr. Robbins that the report be accepted and adopted.

Supported and carried.

Moved by Dr. Alvord, Calhoun, that the Secretary cast the ballot of the House of Delegates for the officers named in the report of Committee on Nominations.

Supported and carried.

The Secretary cast the unanimous ballot of all present for the nominees and they were declared duly elected.

Chair appointed the following committee to draft suitable resolutions expressing our appreciation to our hosts in Detroit and report at the General Session.

DRS. F. C. WARNSHUIS,
C. T. SOUTHWORTH,
A. E. BULSON.

The Business Committee, Dr. W. K. West, Chairman, reported as follows:

"The Business Committee of the Michigan State Medical Society begs to submit the following report:

"We recommend the election to Honorary Membership of the names proposed by the Council.

"We recommend that the Legislative Committee continue their work, and endeavor to secure the passage of a bill, defining the practice of medicine, and containing no other feature, and another bill asking for state appropriation in support of the Board of Registration and no other feature.

"We recommend that the amendment to Section 10 Chap. IV, of the By-Laws be adopted,

"We endorse the action of the Secretary in publishing the names of delinquent members, and recommend the publishing in the May JOURNAL each year of the names of all members still in arrears April 15th, for current dues.

"We recommend that the financial report be

published in the JOURNAL as soon as possible after auditing by the Council.

"We recommend that each County Society encourage the establishment of local milk commissions.

"We endorse the recommendation of the Council that the time of the Annual Meeting be changed to June."

Signed by Committee:

W. K. WEST, *Chairman*
J. A. WESSENGER,
L. S. RAMSDELL,
C. M. WILLIAMS,
F. B. WALKER.

Moved by Dr. DuBois, Kent, that the report of the Committee be accepted and adopted.

Supported and carried.

Moved by Dr. Livingston, Schoolcraft, that a committee be appointed by the Chair to draft formal resolutions, expressing our appreciation of the action of President Taft in supporting and upholding Dr. Wiley in his pure food campaign.

Supported and carried.

Chair appointed the following committee:

G. M. Livingston,
L. J. Hirschman,
W. J. DuBois.

The following communication from the Wayne County Medical Society was presented by Dr. Wilson, Wayne.

Sept. 27, 1911.

HOUSE OF DELEGATES MICHIGAN STATE MEDICAL SOCIETY:

At the meeting of the Wayne Co. Medical Society, on Sept. 18, a motion was carried that the delegates to the State meeting be instructed to apply for the appointment of a committee to study the question of protection of the Specialties, to report the same and to suggest such measures, which, in the course of time, may regulate the qualifications of the speciality.

R. C. JAMIESON, *Secretary*.

Moved by Dr. Brook, Kent, that the communication be referred back to the Wayne County Medical Society.

Supported and carried.

Moved by Dr. DuBois, Kent, that the matter of Expert Testimony and Expert Witnesses be referred to the Legislative Committee with power to act.

Motion supported and carried.

The Chair declared the House of Delegates adjourned *sine die*.

WILFRID HAUGHEY, Secretary.

MINUTES OF THE MEETING OF THE MICHIGAN STATE MEDICAL SOCIETY

Sept. 27th, 1911.

The Forty-Sixth Annual Meeting of the Michigan State Medical Society was called to order by President Burr in Convention Hall, Pontchartrain Hotel, Detroit, at 10:00 A. M., Wednesday, Sept. 27th, 1911.

The meeting was opened by prayer, offered by the Rev. John McCarroll, of Detroit.

Representing the Mayor of the City of Detroit, Prosecuting Attorney Penniman delivered an address of welcome.

In behalf of the Wayne County Medical Society, Dr. H. O. Walker welcomed the Society to the City of Detroit. (See page 557.)

Dr. J. A. MacMillan, Detroit, presented a supplementary report of the Committee on Arrangements, which was accepted and ordered placed on file.

The report from the House of Delegates was read by the Secretary and, on motion, was accepted and ordered placed on file.

The address of the President, "Paranoia and Certain Paranoid Conditions in their Relation to the Public and the Profession," was read by the President, Dr. C. B. Burr. (See page 455.)

The Chair requested Dr. McGraw to escort Dr. Chas. H. Mayo, of Rochester, Minn. to the platform.

Dr. Mayo delivered an address—"Problems in Diseases of the Thyroid," with lantern slide demonstration. (To appear later.)

Dr. McGraw, Wayne: "I wish to express my extreme pleasure in the lecture that we have just heard. I know that in so doing I am expressing the feeling of every man and woman present in this hall, and I move that the thanks of the Michigan State Medical Society be tendered to Dr. Mayo for coming to give us the result of his experience."

Motion supported and carried unanimously.

The President tendered to Dr. Mayo the thanks of the State Society for his able address.

Past Asst. Surgeon A. M. Stimson, representing the Surgeon General of the U. S. Public Health and Marine Hospital Service, addressed the society on "The Laboratory in Public Health Work."

Dr. Rosalie Slaughter Morton, of New York, of the Public Health Education Committee of the A. M. A., addressed the society, outlining the work of that committee and what it had accomplished.

Dr. Hirschman, Wayne, offered the following resolution and moved its adoption:

"WHEREAS, the Council on Public Health Education, of the A. M. A. has requested the co-operation of the various state societies through their county units in this work, therefore, be it

"RESOLVED, that a committee be appointed from the Michigan State Medical Society, to secure the co-operation of the County Societies in carrying on the work of Public Health Education in connection with the A. M. A. Committee on Public Health Education."

The motion to adopt the resolution was supported and carried.

Dr. C. T. Southworth, Monroe, nominated Dr. D. Emmett Welsh, Grand Rapids, for President of the Michigan State Medical Society for the ensuing year.

The nomination was supported by several.

On motion the nominations were declared closed by an unanimous vote.

Dr. Stockwell, Port Huron, moved that a committee of three be appointed by the President, at his convenience, to enquire into the practice of dividing fees which is being carried on secretly and unknown to the patient, making the patient a commercial commodity, and that this committee make a report at our next Annual Meeting.

Supported by Dr. Manton, Detroit, and carried.

The session was adjourned to meet at 11:30 A. M., Thursday, Sept. 28th.

Sept. 28th, 1911.

The last session of the Michigan State Medical Society was called to order by President Burr at 11:30, Thursday morning, September 28th, 1911, at Convention Hall, Pontchartrain Hotel, Detroit.

The minutes of the previous session were read by the Secretary and approved.

The Chair appointed the following committee to consider the matter of "fee-splitting" and report at the next annual meeting;

C. B. STOCKWELL, Port Huron;
J. G. R. MANWARRING, Flint;
SCHUYLER C. GRAVES, Grand Rapids.

The report from the House of Delegates as read by the Secretary, was received and ordered placed on file.

The Committee appointed to formulate resolutions commending President Taft for his action in upholding and supporting Dr. Wiley in his pure food campaign, offered the following resolutions through its chairman, Dr. Livingston.

"WHEREAS, the members of the Michigan State Medical Society, in common with all other members of the organized Medical Profession, have watched with great satisfaction and pride, the work of Dr. Wiley in his campaign for cleanliness and honesty in the manufacturing of pure foods and drugs, and

"WHEREAS, obviously he has antagonized unscrupulous manufacturers in so doing and

"WHEREAS, great influence has been brought to bear by unholy alliances of interests inimical to the public good.

"THEREFORE RESOLVED, that the members of the Michigan State Medical Society, in convention assembled, most heartily endorse the efforts of Dr. Wiley and his associates in the good cause, and note, with a feeling of pride, the commendable action of Honorable William H. Taft, President of the United States, in supporting and upholding the work of Dr. Wiley.

"BE IT FURTHER RESOLVED, That we express our grateful appreciation to President Taft for his action in this matter as in every other measure pertaining to the public health."

Signed by Committee:

G. M. LIVINGSTON, *Chairman*
W. J. DUBOIS,
L. J. HIRSCHMAN.

On motion the resolutions were adopted unanimously by a rising vote.

Moved by Dr. Hirschman that the Secretry be instructed to telegraph these resolutions to President Taft today.

Supported and carried.

(Telegram was despatched by the Secretary immediately after adjournment.)

Dr. Warnshuis, Grand Rapids, Chairman of Committee appointed to draft suitable resolutions, expressing our appreciation of the hospitality of the Wayne County Medical Society, reported as follows:

"As the present session is drawing to a close it is but proper that we should take some action and recognize the princely manner in which we have been entertained by the members of the Wayne County Medical Society.

"Therefore, Mr. President, we beg to offer the following resolution:

"RESOLVED, That we, the Members of the Michigan State Medical Society, do hereby extend to the Officers, Committees, Ladies and Members of the Wayne County Medical Society, our hearty thanks and appreciation for their

courteous and brotherly hospitality, their ever ready willingness to make our sojourn comfortable and pleasant, their provision of such comfortable and convenient quarters for the sessions of our various sections and for the delightful entertainment provided for the ladies of the convention.

"AND FURTHER BE IT RESOLVED, That as a more permanent and fitting expression of our appreciation, the President shall appoint a Committee of three, who shall be empowered to provide a substantial testimonial, and cause the same to be deposited in the Club Rooms of the Wayne County Medical Society, and that the Council be requested to appropriate the sum of One Hundred Dollars to defray the expense thus incurred."

Dr. Warnshuis: "Mr. President, I move the adoption of these resolutions."

Supported by Dr. Southworth, Monroe, and carried.

Dr. Brook, of the Committee on Nominations, announced the result of the ballot for President for the ensuing year as follows: 563 ballots cast, all for Dr. D. Emmett Welsh, of Grand Rapids.

Dr. Welsh was declared duly elected President of the Society for the ensuing year, and, at the request of President Burr, was escorted to the platform by Drs. Longyear, of Detroit, and DuBois, of Grand Rapids, where, being introduced to the members by the retiring president, he graciously thanked the Society for the honor done him.

Adjournment was taken to meet in Muskegon in June, 1912, at the call of the Secretary through the JOURNAL.

WILFRID HAUGHEY, *Secretary.*

ADDRESS OF WELCOME

H. O. Walker, M. D., President Wayne County Medical Society

"Mr. President, Members of the Michigan State Medical Society, and Ladies and Gentlemen:

It becomes my pleasant duty to welcome you in behalf of the Wayne County Medical Society, and the Medical Profession of the City of Detroit in particular.

In doing this the contrast of this enthusiastic audience comes to my mind, for it so happened that I was present at the first Annual Meeting of this Society in 1866. I was then an undergraduate, yet I was admitted to membership along with twenty-five others, upon the motion of my then beloved and since respected and revered colleague, Doctor Theodore A. McGraw.

The first meeting of the Society took place here in Detroit in the court room of the Supreme Court, which held its sessions at that time in Detroit.

The first list of officers contained such honored names as Stockwell, Platt, Jerome, Beach, Bonine Lyster, Ranney and Andrews, every one of them gone to his reward save one, Ranney, of Lansing. There were in all in attendance at that meeting fifty-eight (58).

Contrast this, if you will, with our present membership and organization—sixty (60) County Societies, all organized and active and with a total membership of 2094, so the secretary has just informed me.

But this is history—we live in the present not in the past, and why dwell upon painful data.

You are gathered together in your 46th Annual Convention and come to our beautiful city that you may meet together to exchange views, the better to enable you to combat the diseases of your fellow man—a more altruistic cause is given to the lot of no convention.

We have prepared a beautiful meeting place, and sought to supply a few diversions from your serious work.

Come then, enter into our life, and may your efforts toward the alleviation of the suffering of humanity, and the making of this City and State better as an abiding place for mankind be crowned with success.

ANNUAL REPORT OF THE COUNCIL

The Michigan State Medical Society comes to the metropolis, in this year 1911, with the largest and most harmonious membership in its history, and extends congratulations to its largest unit, the Wayne County Medical Society, for its enterprise in procuring the beautiful home where entertainment is so lavishly extended to its guests.

DR. CONNOR

The pleasure incident to this meeting will be tinctured with regret to many of us, because of the absence of one whom we have long been accustomed to greet at our annual gatherings, and whose leadership and advice we have often followed with advantage to ourselves. The members of the Council, who began service in 1902, will feel, at this meeting, as though a member of the family were missing. Dr. Leartus Connor was born in January, 1843, in

Orange County, New York. Points regarding his life and work have already been published in the May JOURNAL, page 241, and in the June JOURNAL, pages 294 and 295. He was President of this Society in 1902, when the present form of organization was adopted, and was chosen the first Councilor from his District and the first Chairman of the Council.

In that capacity he traveled, at his own expense, all over the State, assisting in organizing County Societies. No journey was too long, no financial call too large, to receive from him an immediate response, if the medical profession was to be served by his efforts.

Doctor Connor's work throughout his long and useful life was largely constructive. The reorganization of the State Society is a model of his foresight. His former experience as editor of medical journals was a material aid to him as Chairman of the Council during the establishment of our JGURNAL. His work in the American Academy of Medicine was active, and always looking toward the betterment of the sociologic condition of the Medical Profession. At his death he was a member of the Council of the Academy. In the American Medical Association the present arrangement of the Section on Ophthalmology is a memorial of his good work.

In this Section, all papers to be read are printed and distributed to each member of the Section, in book form, two or three weeks before the meeting. At the meeting the paper is not read, but the author is given ten minutes to open the discussion, the discussions are all prepared before hand and are of great value.

TIME OF MEETINGS

Most of the State Societies holding fall meetings regularly, have their fiscal year end on the last day of the month preceding the date of meeting. When our fiscal year closes December 31, and our meetings are held late in September, our financial reports are rather old to furnish matters of live interest to the members at the annual meeting. If the policy of holding September meetings is to become permanent, obviously our fiscal year should be changed so as to end on the last day of August.

The time of holding our meetings should be carefully considered at this time. Fall meetings have not attracted the increased attendance that was anticipated when they were inaugurated. From the standpoint of the Editor of the JOURNAL they are objectionable in a high degree. The papers read at the annual meeting come to the JOURNAL for publication just as the County Societies are beginning their year's work, and, in consequence, the publication of many excellent papers is delayed beyond a reasonable time. Then, in the summer, there is a dearth of papers at a time when the annual meeting papers would naturally be published following a spring meeting. We trust that the House of Delegates will give this question careful consideration. We recommend that hereafter our meetings be held in the Spring or Summer.

MEMBERSHIP

In the report of the Council last year we suggested that all subscriptions and Society dues were properly payable in advance, and that, in order to comply with the postal laws, subscribers in arrears over four months would have to be dropped from the subscription list. The House of Delegates responded to this, recommending the following:

"Your Committee recommends, that on May first of each year the JOURNAL of the State Society be discontinued to all members in arrears, and that such members be reported to the Secretary of the American Medical Association as 'dropped for non-payment of dues.'" Report of Business Committee unanimously adopted by House of Delegates.

In years past, the County Secretaries have made efforts to collect dues. August 1st the State Secretary has communicated with the County Secretaries, sending them a list of delinquents and urging that collections be made. In September a special letter has been sent to each delinquent member. During the succeeding months more letters have been sent to the County Secretaries and, in December, a second letter to the delinquent members. From 100 to 200 members have still been delinquent at the end of December, and have been dropped from the list, after carrying them a year at a considerable expense to the Society, estimated at about $1.75 each.

Last year, on Sepember 1st, the State Secretary sent 488 letters to delinquents. On December 15th, he sent 230, and on December 31st, removed from the list, for non-payment of dues on 12 months delinquency, 166. Each individual, besides the notices through the JOURNAL, had received two letters from the State Secretary, and each County Secretary had received four letters regarding these delinquents.

The action of the House of Delegates last year

necessitated a change of method. Notice was continually issued through the JOURNAL that names would be dropped on May 1, if still in arrears. On March 10, each County Secretary sent a statement, prepared in the office of the State Secretary, to each delinquent. The May number of the JOURNAL contained a list of all members of the Society, with stars before those whose dues had not yet been received at the office of the State Secretary. This list was published to serve as a notice. Individual letters were sent to each delinquent early in May, and before the issuing of the June JOURNAL every name in arrears, 237 had been removed from the rolls. Many of these came back early, and before the 1st of July our total membership was more than it had been at any time during the previous year.

The present membership, September 1st, is 2076, a greater number than we have ever had before, as shown by the following table.

YEAR	DATE	MEMBERS
1900	Close of Annual Meeting	578
1901	Close of Annual Meeting	595
1902	Close of Annual Meeting	684

(Re-organization at Annual Meeting 1904.)

YEAR	DATE	MEMBERS	DATE	MEMBERS
1902			Dec. 1	1174
1903			Dec. 31	1653
1904			Dec. 31	1777
1905	Sept. 1	1728	Dec. 31	1790
1906	Sept. 1	1731	Dec. 31	1873
1907	Sept. 1	1677	Dec. 31	1892
1908	Sept. 1	1685	Dec. 31	1883
1909	Sept. 1	1697	Dec. 31	2021
1910	Sept. 1	1604	Dec. 31	1979
1911	Sept. 1	2076	Sept. 26	2094

We still have four months business during this year in which we, undoubtedly, will receive many new members, and others will be re-instated yet we have on September 1, 54 more members than the rolls ever have shown before. It would seem from this that prompt collections, and dropping from the list when collections are not received, is a good thing for the membership of the Society. There are now, September 1, 356 names on the books of the Secretary, of doctors who have been members at some time during the past three years, but have allowed their membership to lapse. An effort is being made to get as many of these back as possible. We believe that during the year 1910, when we were putting our Medical Defense plan into effect, it cost us many members. The year closed with a net loss of 42, but this present year our Medical Defense plan has been a positive aid to us in securing new members, and a material aid to us in re-placing on the list many old ones whose membership had lapsed.

Today, September 26th, 1911, there are 2094 paid up members of the State Society. In addition to this Wayne County has elected forty members who have not as yet been reported to the State Secretary, and they have fifty-eight applications for membership.

SOCIETIES RE-ORGANIZED

In December of last year, the Gratiot County Medical Society met at Ithaca with only a few in attendance. They voted to disband and gave as the reason, our Medical Defense plan. Several years ago the Societies in Alpena, Charlevoix and Cheboygan gave up the struggle. This year the State Secretary, in company with Dr. A. L. Seeley, Councilor for the 8th District, visited Gratiot county on May 25th, and succeeded in effecting a re-organization. Before they disbanded they had 19 members. As re-organized they have 14 members. The interest seems well established and Gratiot county bids fair to be a good active Society.

On May 26, in company with Dr. B. H. MacMullen, Councilor for the 9th District, the State Secretary visited Charlevoix in an effort to re-organize that Society. Charlevoix is unfortunately situated as regards transportation. There are four cities in the county, but it is very difficult to get from any one to any of the others and back in the same day. However, the interest seemed to be encouraging and a Society was organized. Seven doctors were present at the meeting, but on account of getting home some of them had to leave before adjournment. They all promised to come into the Society, and four of them have paid their dues for the current year.

On July 25, the Secretary met with 15 doctors of Alpena. The Alpena County Medical Society was re-organized. It was decided to have a meeting every month. Officers and Delegates to the State Society were elected and the Society now has 15 members with dues paid for the present year.

On the evening of the 25th of July the State Secretary met with seven doctors of Cheboygan where interest is also revived. The old jealousies which ruined the Society a few years ago seem to have entirely disappeared. The new Cheboygan County Medical Society has

eight paid up members. Thus four County Societies have been re-organized during the present year with a total membership of 41.

Macomb County Medical Society has established a more intimate relationship with Wayne County, all of their members having been elected associate members of the Wayne County Medical Society.

THE JOURNAL

We have published this year, for the first nine months, 20 pages of text less than last year, but the supplement to the May number contained 12 pages, giving us a net loss of eight pages. During the same period, we have published 26 more pages in the advertising forms but much of this has been devoted to Society matters. The earnings from advertising have been a little in excess of what they were last year, but not much, and these earnings are being cut down now, through strict elimination of all new advertisements not approved of by the Council on Pharmacy and Chemistry. We have lost some good advertising from firms thoroughly acceptable and have secured several new advertisers.

The JOURNAL belongs to the Society, is a part of the Society work, and should receive the support of the members. In order to be successful we must have advertising, but unless our members patronize the advertisers, and convince them that it pays to advertise in our JOURNAL, we cannot expect to retain the advertisers. This is a matter of reciprocity. Every dollar we spend with one of our advertisers, especially when he knows that we spend it with him, because he advertises with us, is a dollar spent indirectly in benefiting our own personal property, for it not only retains our advertisers on our list, but it aids in securing new ones.

FINANCIAL REPORT

Cash on hand, Jan. 1, 1910		$4047.16
Receipts From Dues	$3683.30	
From Adveritsing	2016.97	
Miscellaneous Sources	43.70	$5743.97
From Medico-Legal fees		2386.98
Total Receipts		$12,178.11

DISBURSEMENTS

Paid Cairman Medico-Legal Committee		$2386.98
67 Vouchers:		
Journal	$4182.41	
State Society	1686.51	$5868.92
Cash in Treasurer's hands Jan. 1, 11		3922.21
Total		$12178.11

NOTE.—The Treasurer's report includes a rebate from Dr. Schenck of $3.04 paid direct to the treasurer, therefore not appearing in this report, also $44.72 paid as a premium on bonds and $128.37 interest received, making the total receipts during the year, $5875.38 and leaving in the treasurer's hands on Jan. 1, 1911, $4008.90.

COMPARATIVE STATEMENT OF RECEIPTS

	DUES	ADVERTISING	MISC.	TOTAL
1904	$3282.50	$2025.92	$36.18	$5344.60
1905	3604.52	2005.30	16.32	5626.14
1906	3290.29	2297.78	25.81	5613.88
1907	3885.75	2158.92	26.55	6071.22
1908	4033.50	1786.53	16.00	5836.03
1909	4034.18	2073.71	16.94	6125.83
1910	3683.30	2016.97	43.70	5743.97

COMPARATIVE STATEMENT OF EXPENSES

	JOUR. EXP.	PTG. JOUR.	STATE SOCIETY	TOTAL
1904				$5224.91
1905	$4265.26	$3033.45	$772.42	5037.68
1906	4092.94	2791.95	1499.32	5592.26
1907	4193.06	2719.15	924.71	5117.77
1908	4226.98	2732.30	941.77	5168.75
1909	4263.45	2847.81	739.62	5003.07
1910	4182.41	2832.55	1686.51	5868.92

DETAILED REPORT OF EXPENSES

JOURNAL EXPENSES

Printing Twelve numbers	$2672.51	
Halftones, etchings, etc	160.04	
		$2832.55
Postage to Detroit members, two months, $16. B. C. members, 10 months, $11.30		$ 27.30
Postage, second class		98.94
Addressing, wrapping, and mailing		88.00
Correcting mailing list		79.85
Salary Editor		300.00
Advertising Commission		417.04
Postage		61.91
Stationery, etc		16.62
Office Supplies		7.50
Stenographer		180.50
Cabinet for back numbers		10.00
Wrappers, (one year's supply)		40.00
Circuit Court Record (Oliver Case)		15.50
Editor's Trip to Big Rapids (Post Office Matter.)		6.70
Total Journal Expenses		$4182.41

STATE SOCIETY EXPENSES

Printing Program of the Annual Meeting	$23.75
Printing Constitutions	18.00
Exchange at Detroit Bank	1.60

Salary Secretary		300.00
Secretary's Traveling Expenses		110.24
A. M. A. Directory		7.00
Postage		83.91
Printing and Stationery		49.79
Office Supplies		7.75
Stenographer		180.50
Telephone and Telegraph		7.15
Express		2.70
January Meeting Council		11.65
Treasurer's Bond		5.00
Incorporation of the Society		14.20
Honorarium Stenographer Council		50.00
Honorarium Secretary Council		50.00
Furniture Secretary's Office		25.00
Registration Annual Meeting		15.00
*Councilors' expenses 1910		135.15
*Printing (replenishing supplies)		72.94
*County Secretaries meeting		64.75
*Reporting Annual Meeting		250.00
*Moving from Detroit to Battle Creek:		
P. O. forwarding Second Class matter	$10.00	
Packing, Freight, and Exp	39.81	
Sec. Trip to Detroit	8.95	
Injury to Mailing List	15.50	$74.26
*Chargeable to other years:		
Dr. Church Reprints	4.50	
Binding old files	30.00	
Councilors' Expenses, 1909	91.67	$126.17
Total State Society Expenses		$1686.51
Total Journal Expenses		4182.41
Total Expense		$5868.92
Total Receipts		5743.97
Making a deficit of		$124.95
Taking into consideration the Treasurers' net receipts of		86.69
Leaves a net deficit for the year 1910 of		$38.26

A comparison of this report with that of last year shows a decrease in the amount of money received from dues of $350.88. This is accounted for by the coincident that last year more of the County Secretaries sent in their reports before the first of January than did this year, also by the fact that last year's books were closed January 3, 1910, while this year's books were closed December 31, 1910. If our books had been kept open until the third of January, there would have been about $150 more received from dues and $40 from advertising. However, we felt it would be better to close the books at the end of the year and must, therefore, report a loss rather than a gain. By comparison with last year's report of the State Society expenses, the items marked with a star (*) are properly classed extraordinary, (appearing this year and not last year.) These items total $723.27, using up what would have been a profit of $598.82.

RECOMMENDATIONS FOR HONORARY MEMBERSHIP

The Council recommends for Resident Honorary Membership in our State Society the following:

Dr. Noah Bates, Flint;

Dr. R. N. Murray, Flint;

Dr. H. B. Landon, Bay City;

all of whom have been thirty years in practise of medicine and ten years members of the State Society.

The Council recommends for Non-Resident Honorary Membership:

Dr. Charles H. Mayo, Rochester, Minn.

Dr. Alexander R. Craig, Chicago, Sec'y of the American Medical Association.

W. T. DODGE, *Chairman.*

Sedalia, Missouri, September 30, 1911.

My Dear Sir:

The President has received your telegram of September 28th, and is delighted to know that his action with respect to Dr. Wiley meets with the hearty approval of the members of the Michigan State Medical Society.

Very truly yours,

CHARLES D. HILLIS.
Secretary to the President.

WILFRID HAUGHEY, *Secretary.*
Michigan State Medical Society,
Battle Creek, Michigan.

October 2, 1911.

DR. WILFRID HAUGHEY, *Secretary*
Mich. State Medical Society,
Detroit, Mich.

My Dear Doctor:

Through an unavoidable error, the Association of Military Surgeons did not send an answer to your telegram of September 27th, sending greetings and offering congratulations of your Society. This was not due to lack of interest in the subject, however, for the matter was immediately brought before our Association which passed resolutions thanking you for your

courtesy and reciprocating most heartily. Please take the necessary action to bring this to the attention of your Society this year, or if this is not practicable, at your next Annual Meeting.

Regreting that any delay should have occurred in this matter, I am, ,

Very respectfully yours,
CHARLES LYNCH, *Secretary*,
Major, Med. Corps, U. S. Army.

Chicago, Oct. 16, 1911.

DR. WILFRID HAUGHEY, *Secretary*,
Michigan State Medical Society,
Battle Creek, Mich.

MY DEAR DOCTOR HAUGHEY:

I am in receipt of your letter of the 13th, advising me that I have been honored by being elected an honorary member of the Michigan State Medical Society. I wish I could express my appreciation of the courtesy which the Society has shown me. I do, however, want to thank the State Society through you for this distinction, and will have to depend upon you for the form in which this appreciation is to reach the Organization.

Very sincerely yours,
ALEX R. CRAIG.

Washington, October 10, 1911.

DR. WILFRID HAUGHEY, *Secretary*,
Michigan State Medical Society,
Battle Creek, Mich.

DEAR DOCTOR:

I desire to acknowledge the receipt of your letter of the 4th instant, and to thank you for your expression of appreciation of the exhibit of the Service made at the last annual meeting of your society in Detroit, Mich.

Respectfully,
WALTER WYMAN,
Surgeon General.

October 14, 1911.

DR. WILFRID HAUGHEY,
Battle Creek, Michigan.

DEAR DOCTOR HAUGHEY:

Your letter of the 13th is received. I want to thank you, and, through you, the Michigan State Medical Society for the honor of being elected to honorary membership in that Society.

Sincerely yours,
C. H. MAYO

PROCEEDINGS OF THE THIRD ANNUAL MEETING OF THE COUNTY SECRETARIES' ASSOCIATION OF THE MICHIGAN STATE MEDICAL SOCIETY, HELD AT DETROIT, SEPTEMBER 26, 1911

The Third Annual Meeting of the County Secretaries Association of the Michigan State Medical Society was called to order at 2 P. M., Tuesday, September 26, 1911, at the Wayne County Medical Building, 33 E. High Street, Detroit, Michigan, by Dr. Daniel Conboy of Bad Axe, Vice-President. Dr. Conboy announced that the President, Dr. Chapman was unable to be present, and requested the Secretary to read a letter from the President. The Secretary read as follows:

DR. V. A. CHAPMAN: This Presidential address is going to be limited to a few brief remarks. I have already made a Presidential address to each Secretary by letter (see page 464) under date of Sept. 20th, in which I pointed out the importance of this meeting and urged your attendance.

I do not think that my statement in that letter that this is really the most important session of the Annual Meeting of the Michigan State Medical Society, as far as welfare of the Michigan State Medical Society is concerned, was too radically put. It lies with the County Secretary more than any other one officer in his local Society, to make or mar the success of that Society. And the success of the County Societies is absolutely necessary for the success of the State Society.

This meeting of the County Secretaries Association is for the purpose of bringing the County Secretaries into closer touch with each other. To hold a consultation, touching the welfare of the County Medical Societies as individuals and the Michigan State Medical Society as a whole. Every secretary present is requested to take part in this meeting, either through discussion of the papers, or by direct presentation of the problems of his own work, whether it bears upon the subjects of the papers or not. An opportunity for this will be given under "General Discussion." It is to be a heart to heart talk. If the County Secretaries present cannot solve your problem, Dr. Craig and Dr. Haughey will do so.

The work of the County Secretary is a labor of love. Unlike most labors of love I believe this one is usually appreciated. My experience of seven years as a County Secretary leads me

to believe that the members of the County Societies do appreciate the work that the County Secretary does in behalf of the Society.

The County Secretary's work is not easy. It does not consist simply in writing the minutes of a meeting and reading these minutes at the next meeting. He must be constantly on the job in various ways. Many of these duties will be mentioned in the papers which are to follow and I have no desire to lessen the volume of the essayists' thunder.

The first paper was presented by Dr. Charles E. Boys, of Kalamazoo, on "Factors which Increase Attendance and Interest in County Meetings." (See page 565.)

The Vice-President, Dr. Conboy, announced, that on account of the necessity of changing the time of the meeting of the Council to 4 P. M., the State Secretary, Dr. Wilfrid Haughey, would present his paper on "Relations of County Secretary and State Secretary," (see page 566,) so that he might be free to attend the Council meeting.

Following Dr. Haughey's paper, Dr. Alexander R. Craig, Secretary of the American Medical Association, addressed the Secretaries Association to the following effect:

DR. ALEXANDER R. CRAIG: The American Medical Association is now considering a plan of placing in legal form the condition which practically exists now in regard to the members and membership of the Association. The American Medical Association is practically two bodies, a business body and a scientific body. The American Medical Association, as a business body, consists of the component state Societies in the same way that the United States, as a nation, is composed of States. A member of the County Society, by the very fact of membership, is a member of the State Society. The House of Delegates of the American Medical Association, which is the governing body, is composed of Delegates elected by the State Societies and apportioned among the State Societies according to the membership of those Societies. Thus every member of the State Society, through his Delegate, has a vote in the business affairs of the American Medical Association. The Association is composed of another body, a scientific body, engaged in scientific work, and its presentation before the professional world. These two bodies, essentially independent, meet at the same time. The one is made up of the membership of all the State Societies and through them the membership of all of the County Societies in the United States, acting of course, through their Delegates. The other is made up of those interested in the scientific work and who are now called members. It is desirable to arrange the matter in some way that the members of the State Societies shall, without extra cost, be members of the American Medical Association, and that those who are now classed as members, and those interested in the scientific work, shall be classed in some different way so as to distinguish them from the members.

Regarding the suggestions made by Dr. Boys in his paper, it is true that a paper read before a meeting of only four or five doctors is apt to be a disappointment to all concerned. It is a hard thing to read a paper before such a small attendance. County Societies with so few members would probably do better work and develop more interest if, instead of inviting a man to come from a distance and read a paper before them, they would have one or more of their own members read a synopsis of some paper in a recent Journal. Several members could be assigned different Journals. Meetings could be held frequently and the program would be of vital interest.

Many or our larger Societies have a bulletin. Some of the smaller ones issue newsy letters printed upon a mimeograph, secured at an expense of $8.00 or $10.00, and mailed periodically to all the members. Such things are of value in working up the interest of the members. The doctors soon get to look for these letters. They want to know about Doctor so and so's new baby, and Doctor so and so's new wife. They wonder if the Secretary has heard of their new baby, etc. All these things tend to work up the interest.

Dr. H. L. Bower, Montcalm, next presented his paper on "Enthusiasm in County Societies." (see page 569), followed by Dr. R. C. Jameison, Wayne, "Value of Clinics at Society Meetings," (see page 568.)

During the reading of the last paper Dr. C. B. Burr, of Flint, President of the State Society, arrived. At this point he was called upon for a few remarks to which he happily responded, expressing his delight at again meeting with the County Secretaries, and recalling incidents in which he had visited different County Societies during the past year. He endorsed the plan of clinics at the Society meetings. He thought they were of great value, and that more attention was now being paid to them than ever before.

A general discussion was called in which the members could bring up any points they wished to discuss.

GENERAL DISCUSSION

Dr. JOHN A. WESSINGER, Washtenaw: The present secretary, Dr. Haughey, knows what fighters we are in Washtenaw. We refused, at first, to join in with the State Society in the plan of Medical Defense. We have a large number of laboratory workers and men who are not in private practice and do not feel the need of this defense, but we have overcome all o that now and we have, at present, 79 member

who are enjoying all the privileges of the State Society, Medical Defense included, since that is an integral part of the Society. I found that things could not be done in a minute, and the Secretary has been very patient in waiting for us. We have no trouble in getting papers and we have some good ones. I think that the men of the smaller towns should not be forgotten in making up the programs. We have arranged to have one of the Mayo's and some Doctors from Chicago give us a clinic at the University. We never fail to have a dinner or a luncheon. It helps to bring the men together. We have no medical home such as the one in which we are now meeting, owned by the Wayne County Medical Society, but we have five different medical fraternities who are glad to have us meet with them which we do, and always invite in the senior students. We never think of having a meeting without a Stenographer to take down every word. There is almost always a stenographer among the Medical Students, who voluntarily offers his services. The value of clinics cannot be over estimated and we have them at most of our meetings. Occasionally we have a purely scientific meeting.

DR. C. M. WILLIAMS: Our Alpena County Medical Society has recently been re-organized, and we have a meeting every month, and practically always have a dinner or luncheon in connection. We find a considerable competition with non-medical men who are endeavoring to secure some medical work. We have frequent clinics.

DR. C. P. CLARK, Genesee: The increase in the membership of the Genesee County Medical Society is almost entirely due to the good work of our Treasurer, Dr. Miner. Our meetings are always best attended when we advertise that a lantern slide demonstration or some other special feature is to be given.

DR. H. N. BRADLEY, Bay: I realize that it is up to the Secretary in each Society to make the Society a good one. We have published a bulletin once a month this year. I understand that the Kalamazoo Academy of Medicine publishes a bulletin twice a month, but we have not been able to do that. I think that as a rule the Society is perfectly willing to let one man prepare the program and do the most of the work, but our members have been good in helping materially with our bulletin and program work.

DR. G. M. LIVINGSTON, Schoolcraft: We have ust six members in our Society but we go out and try to land every doctor that comes into the county. We have smokers, banquets, feasts, and often get our wives out and have a good time.

DR. C. S. COPE, Ionia, (retired): I come from Ionia County and I want to say that we had no stars on our list. Every member has paid his dues and just four words have accomplished this work—Acquaintance, Companionship, Science and Entertainment.

Moved by Dr. Boys that the Secretary of this Association be a clearing house for desirable papers. Supported and Carried.

The election of officers resulted as follows:

PRESIDENT, C. E. Boys, Kalamazoo.

VICE-PRESIDENT, G. M. Livingston, Schoolcraft.

SECRETARY, Chas. T. Southworth, Monroe.

W. C. GARVIN, *Secretary.*

OFFICIAL CALL OF MEETING

Muskegon, Michigan, Sept. 20, 1911.

TO ALL COUNTY SECRETARIES,

Dear Doctor:

You probably have full knowledge concerning the meeting of the County Secretaries Association which is to be held in Detroit, Tuesday afternoon, September 26th, 1911, at Wayne County Medical Bldg., 33 E. High St., at 2 o'clock. Please, Doctor, make such an effort as may be necessary to insure your presence at this meeting. This meeting occurs in the afternoon of the day *preceding* the beginning of the Annual Meeting of the Michigan State Medical Society.

This date was selected for the County Secretaries meeting as being perhaps the most convenient for all concerned. You will want to attend the State Meeting, of course, Doctor; and you will only have to come half a day earlier in order to attend the County Secretaries Meeting also.

While this meeting may seem insignificant to the profession at large throughout the state, yet it is really the most important session of the entire State Society Meeting when considered from the standpoint of the welfare of the Michigan State Medical Society.

The County Secretaries are the real pillars of the State Society. When every County Secretary does his work properly and faithfully, with the tact which he necessarily must have, there is little left for the officers of the State Society to do; and the success of the State Society is assured. These meetings of the

County Secretaries Association do a great deal of good in many ways. After attending one of these meetings, the County Secretary is fully encouraged to go on with his work in a thoroughly earnest manner for at least another year.

Whether *enrolled* as a member or not, Doctor, you are a member of the Association. You can't get out of it. The fact that you are a County Secretary makes you a member.

Come to this meeting, you will never regret it.

Fraternally yours,

V. A. CHAPMAN, *President.*

FACTORS INFLUENCING ATTENDANCE AT MEDICAL SOCIETIES

C. E. Boys, M. D., Secretary Kalamazoo Academy of Medicine.

Most practitioners of medicine are too busy to leave their work for the purpose of attending any meeting, unless that meeting contains something of merit or profit. Whether they attend meeting or not therefore depends upon the program. This, in the writer's mind, is of first importance, and demands serious consideration on the part of the program committee.

The general make up of the program, perhaps, should vary somewhat with the places. In the larger cities these can be made up of local talent largely, or entirely, but, the smaller the society, the more difficult it is to get a program of local talent which will be attractive to the whole membership. No doubt but that there are, in every medical society, those members who believe that no one in their number is in any way capable of adding to their stock of knowledge or experience, and as a result will stay away when a local talent program is given. The contrary argument then comes up that the local members can be developed to the best advantage by having only local members participate.

Some argue that outside talent should be employed exclusively, as the membership is in that way more liable to get the best information. To the writers' mind, however, this is a sad comment upon the abilities of local members.

In Kalamazoo the program committee has taken a neutral ground with reference to the selection of numbers for the program. We have found that, at least, one outside number at each meeting, from someone of prominence, acts as a good stimulus to the attendance. Two other numbers from the members gives ample opportunity for the development of local talent. In fact, if an outside man is to appear, the local man is most liable to work hard in order that his paper may have a favorable comparison.

On a few occasions our Society has invited a neighboring Society to offer a complete program for us. In the three of four instances of this kind the meetings were very good in attendance and interest.

Once a good program is obtained the next essential to a good attendance is a wide and repeated publicity. Many means of bringing this about are available. The local press is usually glad to get the programs for news items. This is usually the first announcement. Then the program committee sends around the programs on some printed form. In our local Society we have recently changed from the post card notification to the publication of bulletin. At first glance, this may seem a large undertaking, but the enterprise really settles down to two points; first, a little advertising, and second, a little more time on the part of the program committee. It is really surprising how easy it is to obtain advertising, as many have commodities or services which they want to sell to physicians, or through them. The extra time taken on the part of the committee is well repaid.

The Bulletin keeps the whole Society in touch with what is being done. There is always a percentage of the membership which, for one reason or another, cannot attend all the meetings. The bulletin helps fill in these vacancies for those members by sending them a report of what was done at the last meeting, and announcing what is to come at the next one. It undoubtedly provokes interest and gets more members out. Since the publication of the Bulletin in our Society, we have had a larger attendance twice a month than we had before, when we met only once a month.

One factor of importance with reference to the attendance is to hold the meetings when the largest possible number of members can get to it with the least loss of time and work. This will vary with the make up of the Society. In the Kalamazoo Academy of Medicine we find that the only practicable time for meeting is in the afternoon, this being determined by the various train schedules.

The promotion of social intercourse also influences the attendance. With us, informal dinners, or lunches, have proven of most value. These have been held usually at regular meal hours and in honor to the invited guest for the

day. It not only makes an outsider feel more at home, but has a wonderful influence in banishing personal jealousies locally. The more we kick shins under the festive board, the less we blacken each other's eyes in practice.

We have found that forgetfulness on the part of members has been the cause of a considerable loss in attendance. To counteract this we have recently had the members on the Kalamazoo telephone exchange called up on the day of meeting, to remind them. This has increased attendance perhaps ten per cent.

Judging more from observation than from experience, we believe that the larger the society the better will be the attendance proportionately. There is always more dignity and interest among the members, and good men will more readily consent to take time to appear before a large membership than before a small one. For this reason I believe that the present county system is at fault except in those counties which contain large cities. The good men from three counties associated in one society are more than three times more efficient than three societies with small memberships.

THE RELATIONS OF THE COUNTY SECRETARY AND THE STATE SECRETARY

Wilfrid Haughey, M. D., Secretary Michigan State Medical Society

The subject of this address may sound old, or too specific, but it opens up a part of our Society work that is important. To the Secretary, more than to any other person, falls the burden of keeping up a Society's work and interest. He has to act as go-between from one member to another; to him come complaints, questions, requests. He must be a veritable storehouse of information concerning all matters in which the Society is interested. He must make arrangements for the meetings and largely prepare the programs. If the meeting is a failure, much of the blame is apt to fall to the lot of the unfortunate Secretary, but if it is a success "Oh, well, we have a good Society, one that always does its work."

Our Medical Societies are organized differently from most societies. The County Medical Society is the unit in our scheme. The State Society is a confederation of the County Societies, and, to an extent, the American Medical Association is a confederation of the State Societies.

Each County Society does its own individual work independently. It meets, has its Scientific programs, and transacts its business. All this it does as an independent Society. But there are certain things, many of them, that all County Societies are interested in, not so much as County Societies, but as a part of the Medical Profession. These things are delegated to the State and National Societies. The larger unit can better handle these problems.

Our State Society is now composed of sixty County Societies, of which one has three members, the others being all in a more or less prosperous condition. Our County Societies through the State Society, or our State Society, however one wishes to consider it, is carrying on a certain amount of work in Michigan for the benefit of our members. We are conducting an annual meeting, defending our members from civil malpractice suits, and publishing a monthly Medical Journal. To do this all County Societies and the State Society must co-operate. We have to fix a certain amount of dues to the State Society, to give us funds to carry on the work. We must also have information of one kind and another from the different parts of the State. This throws the State Secretary and the County Secretaries into a close relationship.

DUES

The collection of dues is a bug-bear to every one who has the job. My predecessor had much difficulty with this matter as witness his remarks at the first meeting of this Association, Sept. 30, 1908:

"One of the most difficult tasks of the State office is to keep up the membership. At the present moment there are 300 who have not paid for 1908. On September 1st, we sent a letter on a special blank to each County Secretary with a list of those who paid for 1907, and who had not paid for 1908. It is especially noted on this blank "please return promptly with notes as to resignations, removals, deaths and possible errors." How many do you suppose have come back? Twenty-two out of 55. On nearly all returned are notes of resignations, removals and deaths—the first notice to that effect which we have had. In a few instances, misspelled names have been noted. In one instance failure to credit dues was found. On October 1st, individual notices will be sent delinquents. In this way we will get in 200 of the 300 unpaid members. Each year about 100 fail to pay, despite strenuous efforts."

At the second meeting, Jan. 13th, 1910, he had this to say:

"In July or August a list of all delinquents is sent to the County Secretary, with a request that he attempt to get in their dues at once. This list is checked over and returned. From it a few errors, resignations and deaths are re-

corded. In September, after our annual meeting, a letter is sent to the individual delinquent, calling to his attention the omission, and asking him to remit to his County Secretary. This has had, during the past four years, excellent results. In December another letter is sent, and those whose dues have not been received by December 31st are dropped and their names sent to the A. M. A. as ineligible to membership."

Last year we used practically the same system, and, on September 1st, sent 488 letters to delinquent members. December 15, we sent 230 letters to delinquents; second notice. On January 1st, 1911, 166 names were removed from the lists for non-payment of dues after being carried tor a year. This is a big expense as the expenses of running the society, exclusive of defense feature, were $5,868.92 during 1910. This apportioned among the 1979 who paid and 166 who did not (2145 in all) would be about $2.73 apiece. Of course it is not fair to claim that each one of these 166 delinquent members cost us $2.73 during the year, but the cost of maintaining the Society and printing the JOURNAL is contributed, very materially, by the membership, and I would estimate that each one cost us at least $1.75, a total of about $290 for the delinquents, a considerable item. This shows from the financial standpoint, why members should be urged to pay, and to pay promptly.

But this year there has been another potent factor. The post office department has been active in studying the second-class rating. The regulations say that subscriptions to monthly periodicals must be renewed within four months of an expiration, or that article of mail cannot be mailed at the second class rate. For our JOURNAL this means that subscriptions (dues) must be collected by May 1st, each year.

When our Medical Defense plan was adopted provision was made that a member, whose dues had not been paid by June 1st, should not be defended for any case, the cause of action of which arose while in arrears.

Last year the House of Delegates instructed the Secretary to remove from the list and report to the A. M. A. as dropped, all whose dues had not been paid by May 1st. These instructions have been strictly enforced this year, with a net gain in membership at the present time, but in May we removed 237 from the list. Many have returned, and many new members have been added.

Our method this year may have appeared a little harsh, but what else could we do? Instructions from the House of Delegates were positive. The United States Post-office instructions were positive, as was a letter from our Postmaster; and when the matter was placed before him, the President of the Society would not sanction stretching the instructions of the House of Delegates in the matter of removing names from the list.

REPORTS

During the year monthly report blanks have been prepared for the County Secretaries' report to the State Society as provided for in the By-Laws. This report contains places for names and remittances, removals, deaths, resignations, etc., and only a comparative few of our sixty secretaries send their reports monthly.

The State Secretary has to report monthly to the A. M. A., giving the same information, and more, and is at a loss to obtain it, unless the County Secretaries' reports are received. I would urge that they be attended to a little more carefully in the future. It only takes a few minutes each month to make out these monthly report blanks. The information contained in them enables us to keep our mailing list and membership list up-to-date. It also tells us of the new members and of the members who have died. Through the use of these lists we are enabled to serve the American Medical Association in the same manner.

THE JOURNAL

We are endeavoring to make the JOURNAL just as interesting to our members as it is possible. It is worth every cent of dues our members pay. It gives the original papers read at the annual meeting of the State Society and as many as possible of the papers read at the County Society meetings. It is the official organ of the County Societies in just the same degree that it is the official organ of the State Society. We wish all of our County Secretaries and all of our members would realize this fact.

The JOURNAL has a department of County Society News which is open to every County Secretary for reports of County Society meetings and County Society affairs.

We are especially desirous of having short abstracts of the papers read before the County Societies. In this way members will be encouraged to read papers before the County Societies, because in the JOURNAL the audience is extended from the few who attend the County Society meetings to the many who receive the JOURNAL. And this is as it should be. When

a man reads a paper before a branch of the State Society he really reads it before the State Society, and if there is any merit in the paper he is entitled to have the paper at least abstracted in the JOURNAL. Several of our County Secretaries are giving us most excellent Society reports as you will notice in that department of the JOURNAL. We hope that all of the County Secretaries will join in and help make this department a valuable one.

Another thing: One of the greatest criticisms of our JOURNAL is in its lack of news items. It would be a distinctive aid to the Editor if each of the County Secretaries would place a little envelope on his desk addressed to the State Secretary and in it, from time to time, place whatever news clippings or news items come to his notice. Once a month, between the first and the tenth, these items could be mailed to the State Secretary when they would appear in the next issue of the JOURNAL. Handled in this way news items could be easily collected and this criticism of the JOURNAL would be removed. At present it is uterly impossible for the Editor to collect these items. Occasionally he gets an item which he could print but for some question as to its responsibility. If these items were sent in by the County Secretaries all such questions would be removed.

There is one more question which I wish to bring to the attention of this body and that is the adverstising in our JOURNAL. The JOURNAL is the property of the Society, and, as such, is the property of the individual members of the Society. The advertisers in the JOURNAL materially help to pay the expenses of the publication. They are entitled to some return for their money. The JOURNAL cannot do business long without them. Every dollar paid us by an advertiser is just $1.00 less that our members must pay as dues. Every dollar paid an advertiser in the purchase of goods contributes a certain percentage toward our JOURNAL. The advertiser must advertise, and if he does not do so in our JOURNAL, he will in some other. It is to our advantage then, to patronize those who advertise with us, rather than those who advertise with some one else, and it is decidedly to our advantage to let the advertiser know that our patronage is on account of the fact that he advertises with us.

In closing I wish to congratulate and thank the County Secretaries for their good work and co-operation this year in carrying into effect the dictum of the House of Delegates.

THE VALUE OF CLINICS AT THE COUNTY SOCIETY MEETINGS

R. C. Jamieson, M. D., Detroit, Secretary Wayne County Medical Society.

In the course of the past year, during which I officiated as secretary of the County Society, the question of attendance was brought prominently before me, as well as the question of disinterest in the meetings, and I believe that one cause would be greatly responsible for both, namely: that at the ordinary meetings the papers and subjects are usually too uninteresting, or too technical, to draw a large attendance and hold their attention. It would be difficult to say whether it is the fault of the committees in charge of the program in permitting such papers to be read, or the fault of the writer in choosing his subject, but no matter upon whom the blame rests, the speaker can hold his audience far better if he has some means of illustration, whether it be photographs, instruments, stereoptican, or patients themselves. How often do we listen to a long dissertation consisting of case histories and practically little else, and nothing to illustrate the paper?

A listener will also be interested in something which he can examine, and see for himself the points which the speaker wishes to emphasize and, for example, if it should be desired to report a case with some rare internal lesion, how much better it is to have the patient there to be examined by all, than merely to report that such a lesion had been found in that patient. Not only is there increased interest shown, but there is an even greater increase in the value of the paper by having the various points demonstrated on the subject. The observer, instead of trying to remember certain things, which would, perhaps, have little meaning without having something to associate with them, will now think of the spoken facts in connection with the lesions which are demonstrated to him and which he is able to find for himself in other future cases. So it is in medicine as in all other lines—any method of proceedure is more easily imitated by observation than by memorizing and trying to follow some written plan.

The increased value of clinical material extends not only to one's audience, but to the speaker as well, for in any case which one is to exhibit, far more care and time are devoted to a thorough and complete examination, the details are more carefully worked out, and more attention is given to the presentation of the

case, so that, after such a demonstration, the speaker has a far greater command and knowledge of the disease in question than he had before. To say that the proper exhibition of a patient, with complete history and physical examination given also, is instructive to a listener, is superfluous, as who is there who will not be on the lookout for such cases in his own practice which had probably escaped his notice before. Clinical teaching is becoming recognized more and more as the best method of teaching observation and diagnosis, and the great medical centers of Europe pay far more attention to this means of instruction than to any other.

Take, for example, the annual clinic week, conducted by the Detroit College of Medicine which draws several hundred men from various states to increase their knowledge by observation of patients at these clinics. While there are lectures given at this time, the greater attendance is at the clinics where patients are exhibited, and where something tangible is given to those in attendance to remember when they are back with their own patients. The popularity of these clinics is growing every year, and I believe it is due to the fact that more celebrated men are giving those clinics, and are being provided with better material for demonstration of the unusual types of disease in the different branches of medicine.

Why is it that physicians go to the larger centers of population for their post graduate work? Is it on account of lectures they will hear, or demonstrations of diagnosis and treatment on living subjects? I think the latter is the reason in almost every instance, but I believe that the regular County Society meetings could be made to be post graduate clinics on a small scale. They would not necessarily need to be on a large scale, as the proper presentation of a few cases would easily occupy a whole evening. If such a plan could be followed, having such a clinical evening, from one to three or four times yearly, much good would be derived, not only from personal observation of the cases, but also from the free general discussion which invariably accompanies such a clinic.

For example: During the past year the staff at Harper Hospital has had a number of clinical evenings which were well attended and from which much profit was derived, a number of men being asked to present cases each in his particular line. Such meetings would have been a complete failure if the clinical side had not been brought out, and, in conclusion, let me state that I believe the clinical method of instruction to be the one which offers most to a student, whether he be still an undergraduate, or a practitioner with years of experience.

ENTHUSIASM IN THE COUNTY SOCIETY

H. L. Bower, M. D., Greenville, Secretary Montcalm County Medical Society.

Enthusiasm means an ardent zeal in respect to some object or cause. There is no cause of an earthly nature which demands more zeal in its propagation than in the medical profession. It has to do with so many things which the medical man only can attend to.

The present age is noted for greater promotion of medical science than any prior age. It is in the memory of older physicians that the cure of disease was the main thing looked after. Now it is what can be done to prevent disease. As an illustration we will say: A person is prostated with the typhoid fever. The first visits may be devoted to diagnosis of the malady. And when it is decided that the case is a real typhoid, the first question considered is, "How did the patient contract it? and where?" A search is instituted and perhaps the cause is discovered at the very door. Prompt steps are taken to annihilate that cause, and thus many are saved from the disease. This we may say is conservation work on the part of the physician. This is conservation of which we hear so much these days as applied to the saving of forests, water power, etc. But this is a conservation which far out-stretches the saving of forests, etc., inasmuch as the conserving of health is a greater inheritance than any worldly blessing.

It takes enthusiasm to bring about the very best work of the physician. The County Medical Society is the first stepping stone to the attainment of the end just mentioned. We may liken our organized medical societies to the magnificent school system of Michigan. First, the district school. In it the pupil is so trained that when he graduates he is prepared to enter high school, where he is further trained so that when he graduates he is prepared to enter the University with honor. So becoming a member of the County Society, he also becomes a member of the State Society. Then he may enter, if he will, the A. M. A., where he is surrounded by medical talent not to be eclipsed by any country throughout the world.

Doubtless we have all heard it said by certain physicians, "What good does it do me to join the Society? I cannot learn anything there."

Well, I am always sorry for one who cannot learn anything from the association of his fellows. I heard it said once by a doctor that he had no interest in the papers presented, because they are merely a re-hash of what is gotten from the books. I said to myself, "You might learn something from the re-hash." I may say in this connection that that man was not an enthusiast in his profession anyway.

When quite a young man, I attended an academy whose principal was a remarkably fine scholar. I have heard him say that his rule was to re-read the lessons which he was about to teach his class, although he was perfectly familiar with them. This showed enthusiasm in and devotion to his work. This man, in his later years, was an honored member of the faculty in the great Cornell University. I mention this to show what enthusiasm the man had in his work, and inspired his pupils to greater endeavor in their work.

Enthusiasm in the work of the County Society implies a few cardinal things which ought always to be sought after. First, membership. One should have a great desire to become a member. He should feel that he cannot be without it. He should be there, not for selfish purposes, but for improvement, and to cultivate a friendly feeling in the profession. He should be there to advise and willing to be advised. He should be there whenever possible to help to keep the Society going that it may be a lively Society. A lively Society is always enthusiastic. Such a one is likely to be harmonious and,therefore, a great pleasure to be identified with. Moreover, it tends to develop men and to make them better physicians.

Enthusiasm also tends to develop the social nature. To this end an occasional meeting should be given up to sociability. A good way to promote sociability is to have a county picnic occasionally, and take the wives and sweethearts and the children, it may be, and have a good time. In my county, Montcalm, this social gathering has been had for several years. In short, it is an established part of the year's program. Three years ago Ionia and Montcalm formed an alliance and a joint basket picnic has been held every summer. And this year the druggists and dentists have been invited to come in. They responded magnificently. The result was that we formed a three "D" society—doctors, dentists, and druggists And in the years to come, we expect to have a mid-summer gathering, which will be a jolly thing and a joy forever.

COUNTY SOCIETY NEWS

CLINTON

The Clinton County Medical Society held its Annual Meeting October 5, in St. Johns, and elected the following officers: President, C. B. Porter, of Elsie; Vice-President, E. L. Martin, of Maple Rapids; Secretary-Treasurer, J. E. Taylor, of Ovid; Local Member Defense Committee, W. A. Scott, of St. Johns. J. E. Taylor was elected Delegate to the State Society and E. Schemer, Alternate. A paper read by Dr. Porter on "Puerperal Sepsis," was enjoyed by all, and brought out a spirited discussion participated in by every member present. The Society is in a flourishing condition and received two new members, both transferred from Huron County Medical Society. Dr. F. E. Luton, President of the Huron County Medical Society at the time he removed from that County, located in Maple Rapids, and Dr. G. Bellinger located in Bath. Every member having paid his dues during the past year is in good standing. The next meeting will he held November 2, 1911.

JAMES E. TAYLOR, *Secretary.*

KALAMAZOO ACADEMY OF MEDICINE

The Mayo meeting, September 25, was a banner event in the history of the Kalamazoo Academy of Medicine. In spite of the threatening weather, the attendance went over the one hundred mark, among those present being visitors from surrounding towns and cities.

Owing to the size of the attendance, and the small amount of business which was waiting, the usual routine program was set aside and Dr. Mayo introduced at once, by Dr. A. I. Noble, Chairman of the Social committee, acting in the place of President Crosby, who was unable to be present.

Dr. Mayo gave a very scholarly paper, particularly void of ideas which we have read else-

where, and which taught us the importance of embryology and comparative anatomy as related to the study of medical sciences. This paper brought forward more vividly than ever the role of the ductless glands in health and disease. Any attempt to review the paper would be futile, in light of the fact that so many were present to listen to the Doctor himself.

Forty-four doctors and doctors' wives assembled at the American House on the evening of September 25, for an informal dinner with Dr. and Mrs. C. H. Mayo. After a brief time in making acquaintances in the parlor, all present retired to the dining-room, where an elaborate menu was served on tables specially arranged for the company. After dinner Dr. Mayo was called upon for an informal talk on goitre, to which he made an interesting and instructive response. Many compliments were paid the hotel management for their excellent service.

The attendance and interest in the Academy have been steadily growing for some time past. Since the publication of the Bulletin, the attendance has been better twice a month than it was once a month before that time. A wide publicity for good programs undoubtedly explains the increased attendance. The manner in which the Academy rooms were packed at the last meeting suggests that we are in danger of having to move to larger quarters for our meetings.

C. E. BOYS, *Secretary.*

KENT

The Kent County Medical Society resumed its regular meetings after the summer recess on October 11th, 1911. The scientific program consisted of several case reports and exhibition of clinical cases, and a paper on "Heredity" by Dr. R. H. Spencer. The program was intentionally made a short one, as arrangements had been made for a Smoker at the Pantlind Hotel, the Society being the guests of the Bulletin. Seventy-eight members were in attendance at the Smoker and from 10 o'clock on to midnight the members mingled among each other, enjoying a cold luncheon, a fragrant cigar, while story telling brought forth many a hearty laugh.

The profession of Grand Rapids extended a complimentary banquet to Dr. J. B. Griswold at the Pantlind Hotel on Thursday evening, October 26th, in honor of his services to his county, state and profession.

Dr. P. J. DePree, formerly of West Olive, Ottawa county, has located in Grand Rapids.

Dr. T. C. Irwin and Dr. F. J. Lee are spending four weeks at Johns Hopkins Hospital, Baltimore Md.

The operating rooms in Butterworth Hospital have been entirely remodeled and equipped with the latest furniture. A doctors' retiring room with shower baths has also been installed.

Dr. R. J. Hutchinson has been elected Chief of Staff of Butterworth Hospital. Dr. G. L. McBride was elected Vice-Chief and Dr. R. Maurits Secretary. The monthly staff meetings have been made more interesting by the conducting of a clinic by one of the members of the staff.

F. C. WARNSHUIS, *Secretary.*

LAPEER

The Lapeer County Medical Society met at Purdy's Landing, Lake Pleasant, July 11, 1911, for a basket picnic and social good time. Twelve members of the Society were present.

Dr. Guy L. Connor, of Detroit, was present as guest of the Society and read a paper on "Acute Poliomyelitis." This paper was a thorough and exhaustive exposition of the subject as understood today. Dr. H. E. Randall read a paper on "Cancer," which was a masterly rendition of the subject. Dr. W. J. Kay gave an excellent paper on "Optimism" which was enjoyed by all. Dr. Frazier's paper "Camp Sanitation" was fine and interested the members very much.

After spending an enjoyable afternoon the Society adjourned to meet at Lapeer, October 10, 1911. C. A. WISNER, *Secretary.*

ST. JOSEPH

The St. Joseph County Medical Society met at Oakwood, Klinger Lake, August 16, 1911. The attendance was small. What it lacked in members was made up in general interest. In addition to our own members we had the pleasure of having Drs. Haughey, of Battle Creek, Flemming, of Elkhart; and the Wade Bros. of Lima, with us. Dr. Williams was chosen President-Pro-Tem; Dr Moe, of Sturgis, Sec'y Pro-Tem. Dr. Cameron was elected delegate to the State meeting and Dr. Moe, Alternate. Dr. Haughey gave us an interesting talk, after which general discussion took place, all taking part.

J. R. WILLIAMS, *Pres. Pro.-Tem.*

WAYNE

On Monday evening, September 18th, before an audience that comfortably filled our too small auditorium, the retiring President, Doctor Angus McLean, read an instructive exaugural address. He reviewed the year's work, contrasted the number of members over the year previous, and made a number of valuable suggestions.

The Secretary, Doctor R. C. Jamison, read his report for the past year. He showed a total of 143 members received into the Society for the year, and a balance in the treasury on September 1, 1911 of $393.08.

The Secretary of the Building Committee, Doctor F. B. Tibbals, made a verbal report in which he stated that Fifteen Hundred Dollars had been paid upon the building since the last meeting in June, leaving our indebtedness now at Forty-Five Hundred Dollars. There is though now in the treasury about Five Hundred Dollars that might be applied on the debt. Doctor A. D. Holmes, Chairman of the Board of Directors spoke also along financial lines and suggested that even though our prospects were bright might it not be good business acumen to wait another year before launching the new auditorium idea, that our present ideas might not be after all satisfactory in view of our rapid growth in numbers and prospects. His remarks brought out the fact that about three hundred of our membership had not yet participated in the building fund.

Doctor R. C. Andries, the retiring editor of "The Weekly," in a report that brought universal applause, showed that the Wayne County Medical Society Weekly had been published at an expense of Five Hundred Twenty-Eight Dollars and that when his books close will show a profit to the Society of Ten Dollars and Seventy-Four cents. Doctor Andries introduced a motion which was carried unanimously by the Society to the effect that in the future the readers of papers make abstracts themselves of their productions,the better to aid the work of the editor of the weekly. This will redound to the benefit of the respective speakers quite as much as to the editor, however, in that it will avoid ambiguity in their abstracts.

Doctor Emil Amberg spoke of the advisability of bringing before the Michigan State Medical Society, at their approaching meeting, the question of the propriety of the regulation of qualifications of Specialists, and suggested that the Society choose its method or manner of so doing. At the suggestion of Doctor J. H. Carstens, the matter was referred to the Board of Trustees with instructions to act.

Doctor R. E. Mercer introduced a resolution relative to the rag-weed nuisance and its annoyance to Hay Fever patients. He asked that the Society lend its influence in having the proper authorities give it the attention it demands. The resolution was put in the form of a motion and carried by the Society.

Doctor Charles W. Hitchcock spoke of the influence of cold dry atmosphere on some sufferers who had tried it this season, and of the offer of a certain refrigerating plant to gratuitously aid such persons.

Address of the Retiring President, Dr. Angus McLean.

In assuming the position of President of the Wayne County Medical Society one year ago, I felt that a great honor and privilege was conferred upon me. Today, while retiring from this office, I feel more than ever proud to have been chosen to preside over the deliberations of this Society. I desire at this occasion to express my thanks for the honor you have conferred upon me, and I assure you that I feel a keen appreciation of the compliment you have paid me. Throughout the year I have always endeavored to perform the duties connected with this office to the best of my ability, and I sincerely hope that my actions have at all times met with your approval.

The past year will ever be memorable in the history of the Wayne County Medical Society. The Medical Home with its library, so long the cherished hope of the Society and for which the officers of past years and especially my predecessor, Doctor A. D. Holmes, have labored incessantly, has now become an established fact. This home and library during its short existence of one year has more than surpassed the expectations of even the most enthusiastic and optimistic. The fear of putting a burden and debt upon the Society from which in would with difficulty extricate itself has entirely vanished. Besides the furniture and other equipment, over three-fourths of the entire building has been paid for. There only remains a debt of $4,500, and if we continue in the coming year as we have in the past, the end of this year will see the whole debt eradicated, with a surplus in the bank to our credit.

Our library has also made rapid strides. It is no longer a miniature institution. In Septem-

ber last, about 5,000 volumes were received from the city library. To this number 7,000 volumes have been added during the year, making a total at the present day of about 12,000 now subscribed for. Bound volumes of these will be kept on file for reference. Besides these, 125 miscellaneous periodicals are received by exchange. This accumulation in the short space of a year is nothing short of marvelous, and the Library Committee is to be congratulated upon its untiring efforts. Now that the library has become so extensive, the profession ought to avail itself of the advantages connected therewith. We are glad to note that during the last few months a gradually increasing number of physicians are using the reading and reference rooms and we hope that this increase will continue. Another noteworthy fact in this connection is that laymen, too, are gradually learning that there is such a thing as a Medical Library at 33 High street East, to which they are welcome. This I think is a good thing to encourage, for it shows the layman that the medical profession of Detroit is a live body, able to maintain a home and library of its own.

The cafe service, successfully controlled by the House Committee, also deserves some comment. This, more than anything else, has tended to increase the social spirit, and a general feeling of goodfellowship among the members. It has been more than self supporting.

The ladies of this Society are also to be congratulated upon the interest and enthusiasm they have shown during the past year. That we have a cozy and elegant parlor, one that is in keeping with the general surroundings, is due to their efforts. They have furnished it. I am sure that in thanking them for their efforts and material aid I am voicing the sentiments of every member of this Society.

We ought also to consider ourselves fortunate in finally having secured a nurses' central directory. This directory, located as it is in our building, is really a part and parcel of our Home. We need it. Heretofore, in order to secure the services of a nurse we were forced to call up private homes or one of the several nurses' directories that then existed. Now we need but call up one number and any nurse we wish to engage will be at our service. I say any nurse, for even those that as yet have not registered in this central directory will be gladly looked up and secured for us, as I have been informed by the registrar, Mrs. Moore. At present there are 250 nurses registered. It was through the efforts of the Wayne County Medical Society that this central directory was instituted, and it is now our duty to help make it a success; first, by calling any nurse we may wish through this directory, and secondly, by urging any nurse with whom we may come in contact to register at this directory. Another way in which we can aid this directory very materially is to mention its advantages to physicians practicing in smaller towns of the State. These are often in need of nurses and often, too, have great difficulty in securing one.

Another feature in connection with our building which, although a part of our Home nevertheless on account of the advantages that can be gained from it, deserves our hearty support: This is the clinical laboratory. For the fortunate few who have a well equipped private laboratory this feature is superfluous, but for the large majority a dependable laboratory is all-important. We cannot tell at what time we may require its services, and to have it at our service at anytime is certainly a fortunate circumstance. It is still more fortunate to have it so located that with the least possible inconvenience we can personally consult the laboratory man. A personal conversation about a certain specimen, for instance, plus the written report, always gives satisfaction.

Many more advantages that have accrued from our Home could be enumerated, but time will not permit their mention. We all remember the general goodfellowship that prevailed at the several smokers, entertainments and at the reception. I need not speak of these, except that we are all anxious to have them repeated.

The scientific work of the year has not suffered on account of all the extra features that have heen introduced into our Society. On the contrary it has benefited. If attendance is any criterion of the value or worthlessness of papers read, then those to which the Society has listened in the past year have proven to be of higher standard than ever before. The average attendance during the year was 100, i. e., about 30 in excess of the average attendance of other years. We have listened to papers and discussions on most of the important medical topics of the day. Besides the papers read by men from our Society, we have had the privilege and pleasure to listen to and discuss those of eight well-known out of town men. These latter, it will be remembered,

were: M. R. Edwards, of Boston; Louis Wickham, of Paris; Winfield Scott Hall, of Chicago; Reuben Peterson, of Ann Arbor; Colonel Maus, of Chicago; Henry P. Hynson, of Baltimore; Ernest Jones, of Toronto and Jay Frank Schamberg, of Philadelphia.

The membership of our Society has also kept pace with the many other advancements. In this respect the past year has been a "record-breaker." Up to this year the greatest number of new members for one year was 37. Since September last, 179 new members have been admitted and there are at present 49 more applications for active membership and 15 more applications for associate membership to be passed on. This gives a total of 243 new members for the Wayne County Medical Society in one year.

During the past year death has removed from our ranks some of our most staunch and active members, namely, Leartus Connor, E. G. Knill, B. G. Torrey, W. M. Pfeiffer, D. L. Walmsley and A. H. Bigg. The Society mourns the loss of these men, but the good influences of their lives are still with us and we trust they have gained their just reward.

Before concluding, I desire to make a few suggestions and some recommendations, which, if adopted, in my judgment will add to the future success of our Society.

The plan of appointing members to open the discussions of papers is a good one and should be continued. Three or four for each paper will always be acceptable and will arouse the interests of all present. These discussions should be from well arranged notes or can be written discussions. Even the best of our members, though there are many that are concise and forceful speakers, are apt to be guilty, occasionally of rambling and disconnected discussions, if the same are given wholly extemporaneously. Each member accepting an appointment for a discussion should consider that he is as much under obligation as the essayist himself and his formal discussion should be prepared with the same thoroughness.

I desire also to make a plea for a greater encouragement of the younger members of the Society. These should be asked to read papers, should be appointed for discussions and encouraged to offer other contributions. We must not forget that the future work of the Society depends upon them and that many of them, because of their superior advantages and training, have facilities for developing new thoughts and methods which it should be our pleasure as well as our profit to hear and see demonstrated. I am, therefore, in favor of giving the young man a chance, even urging him to grasp any opportunity, not on account of his experience, but on account of his good training.

The meeting time set for 8:15 p. m. should be strictly adhered to. All members should endeavor to be present at this time. We should also strive to make our program practical as well as scientific. Punctuality will thus be fostered. To this end demonstrations and the exhibition of patients, charts, photographs, specimens, new instruments and appliances would be encouraged.

The increased attendance has demonstrated, beyond a doubt, the urgent need of an auditorium. Our debt on the building, etc., has been reduced, in the short space of one year, to about $4,500, over three-fourths. I do believe that we would be assuming no great financial risk if we build an auditorium at an early date. With the pledged subscriptions, the whole cost would be more than covered in five years. With the increased space an auditorium building would afford we could easily combine regular club features, such as bowling alleys, billiard and card rooms, etc. This would encourage the social as well as the scientific part of our Society. An early erection of an auditorium would therefore receive my most hearty endorsement.

The Board of Trustees of the past year has done remarkable work, and those retained in office will assure the Society of a new auditorium, for they are the progressive spirit of the Society.

I thank you once more for the confidence you have placed in me by electing me your President. I invite you all to take up the work of the coming year with as great zeal and earnestness as you have shown in the past, and I am sure it will then prove a profitable one to all of us.

With my worthy successor in office I look for the progress of the coming year to be greater than that of the past.

At the meeting September 25th, Doctor Harold Wilson read a paper, entitled:

'Two Cases: (1) Thrombus of the Lateral Sinus. Operation Refused. Autopsy. (2) The Repair of a Large Defect in the Left Lateral Wall of the Nose."

The first case was an elderly man who was brought to the hospital with a tentative diagnosis of cerebral hemorrhage, having suddenly become unconscious on the day of his admission. He was seen four days afterwards and showed an irregularly remitting temperature ranging from 97.4° to 103°, with numerous chills. For many years he had had a discharge from his right ear. The diagnosis of sinus thrombus was made and operation advised. This, the patient and family refused, saying that he was not very sick and needed no operation. The patient died on the 18th day after admission to the hospital. The autopsy showed the mastoid cells destroyed and replaced by a large cholesteatoma. The right lateral sinus contained a septic clot extending to the Torcular Herophili; a firm organized clot in the left lateral sinus extending to the knee of the sinus, and a beginning meningitis. The predominant organism was the bacillus pyocyaneus. The point was emphasized that in any patient who had chronic otorrhoea, the occurrence of a markedly remitting temperature with chills was an almost absolute sign of sinus thrombus, and warranted immediate operation. This fact is well known to otologists, but may be easily overlooked by the general practitioner. Not all cases of sinus thrombosis are easy to diagnose, and it often happens that the patient seems so well in general, that the gravity of his condition is not appreciated by his medical attendant.

(2) In the second case, a large opening existed in the nasal wall, measuring about 10x20 mm. in size. It was closed by a flap taken from the naso-orbital region having its pedicle along the upper border of the opening, and turned into place with "its skin side inside." The breaking down of the lower half of the flap necessitated the subsequent introduction of a double gut suture, which brought the edges of the opening together, and gave a good final result. It is important to note that the wound left by the removal of the flap, was so placed as to leave no eversion or other distortion of the eye-lids. The case was illustrated by photographs and a wax model.

In opening the discussion of Doctor Wilson's paper, Doctor H. H. Sanderson said:

This Society is indebted to Doctor Wilson for presenting this very unique case of Sinus Thrombosis. It illustrates, to my mind, one particular point regarding this condition, that is: the very vague manifestations apart from the fever and chills, that anything is going wrong. In this case, complicated by being a deaf-mute, there was a period of unconsciousness, followed by a clearing of the mental condition, and the suggestion of general improvement to the superficial observer. Yet all this time serious mischief was going on; a septic involvement of not only the lateral sinus, but rapidly extending to depths beyond surgical relief."

A young woman of twenty, as in this case, mastoid operation was refused. Cerebral abscess followed by unconsciousness which later cleared up, pain ceased, and nothing but septic temperature remained to guide the further treatment, until pus was found draining down the throat through the Eustachian tube of the affected side. Operation disclosed an opening in the roof of the antrum which was draining through into the tympanum, thence down to the throat, temporarily, at least, saving the patient's life.

Doctor J. E. Gleason said:

"Doctor Wilson's case of Sinus Thrombosis is typical in its pyaemic temperature curve. Not all cases are as certain in their diagnosis. In general a high fever in mastoiditis, other causes being excluded, warrants an immediate operation. If there is no local abscess found at the time of the operation to account for the high fever, the sinus should be explored even though covered by healthy bone. This procedure is without danger and affords the best protection to the patient. If the sinus is apparently sound, in the absence of pressing symptoms, delay in operating is permissible. If the sinus wall is diseased, or if there has been a pyaemic temperature curve, or if after the mastoid has been opened the fever does not fall, the sinus should be opened. Incision and not aspiration should be the method employed. The thrombus should always be removed as completely as possible, which often for its accomplishment requires more extensive surgery in the neck and on the bulbus."

Doctor Amberg said that the fate of the patient suffering from a Sinus Thrombosis lies often in the hand of the general practitioner, who is frequently confronted with the serious task of a differential diagnosis between typhoid, central pneumonia, pyelitis or malaria.

Before the thrombus is infected, which takes sometimes twenty hours, the removal of the infection from the outside of the sinus may be preventative. Accidental opening of the sinus is by no means without danger. Statistics show about 90 per cent recoveries in operated cases of thrombosis, whereas the mortality in non-operated cases is very high. The temperature curve is not always reliable. Sometimes the mental condition of the patient is characteristic.

Doctors P. J. Livingstone and W. A. Potter also spoke along the same lines.

At the meeting October 2, 1911, the Secretary presented the names of five persons recommended by the Board of Trustees for associate membership, and sixty-two names for active member ship. By unanimous vote of the Society they were accepted for membership and the Secretary instructed to place their names upon the rolls of the Society.

Dr. A. N. Collins, Chairman of a Committee upon Automobile Insignia, said he had talked with Police Commissioner Croul and that Mr. Croul had said any distinctive mark agreed upon by the physicians for their motors would be agreeable to his department. By an almost unanimous vote of those present it was decided to adopt some such distinctive insignia, the details to be developed later.

Dr. Frederick M. Hartsock, Major Medical Corps, U. S. Army, as a guest of the Society. read a paper, entitled

Anti-Typhoid Vaccination

(Illustrated with several charts).

By anti-typhoid vaccination, I refer to the method of inoculation by means of killed cultures of the bacillus typhosis at proper intervals, with the object of producing a high degree of immunization to the Eberth's bacillus.

The method as used at present has been evolved from biological experiments conducted since 1886 on laboratory animals, and later on human beings. In 1886, Fraenkel succeeded in immunizing rabbits against large quantities of the typhoid bacillus. Chantemesse first succeeded with mice and later, in 1888, was the first to experiment on humans. In 1894, it was recognized by Pfeiffer and others that this immunity partly depended on bacteriolytic immune bodies in the serum. Later Pfeiffer, together with Kolle, determined that the changes in the serum after inoculation of vaccine were identical with those after actual typhoid.

The inoculation in human beings was put on a practical basis by Sir A. E. Wright of the British Army Medical Corps in 1898, and used extensively among the British troops in India, and later during the Boer war in South Africa. The figures from these extensive inoculations, because of the poor statistic data, were not sufficiently convincing to attract great attention so that for several years afterward very little work was done in this line.

Since about 1903, however, the medical departments of the various armies of the first-class powers have paid more attention to the prevention of the great army scourge, typhoid, with the result that anti-typhoid vaccination bids fair to be the greatest of preventative measures. In our own army, the system of inoculation was adopted after the report of a board commanded to investigate its practicability, composed of Vaughan, Flexner, O'Reilly and Russell.

At present in the American army, inoculation is obligatory; the vaccine being prepared at the army laboratory in Washington under the direction of Major Russell.

Typhoid fever, even before the discovery of the specific bacillus, had long been considered by clinicians to present the features of an intoxication. We know that the general symptoms depend on the action of a definite toxin which has a general and local effect on the system. More technically expressed, would it be, to say that the effects are those of an endotoxin which is set free when the bacillus undergoes solution in the body and, on this fact, has been based the principle of vaccination.

The endotoxin manifests its local action in regions which harbor the bacillus and in which it undergoes solution, either by autolysis or bacteriolysis, such as in Peyers' patches, spleen, abdominal lymph glands, etc.

The general action of this poison is, of course, shown by the fever—degeneration of the kidney, liver and other organs.

Recovery from typhoid and immunity after typhoid is brought about by various factors. First by bacteriolysis, but only slightly so, as the bacteriolytic power of the blood does not show great increase only to the deficiency in complement. Next by Phagocytosis. It is a fact that the opsonic index is raised to a high degree during the fever and though leucocytosis is not present the normal leucocytes are very active during this period. The immunity

produced by an attack of typhoid lasts several years; in some cases throughout life.

The effect from the inoculation of killed cultures of bacillus typhosis is parallel with the above mentioned. Both local and general symptoms ensue and from the production of quantities of antibodies a degree of immunity is produced which lasts for a period now believed to be about three years or possibly for a longer time.

After the injection, agglutinins appear about the sixth or seventh day and last a year or two, but may persist for as long as seven years. The Widal reaction, ten days after inoculation, is plus in very high dilution up to one in 20,000, and remans high for about a year.

The bacteriolysins developed in the serum closely follow the agglutinins, but do not persist as long.

The opsonic index is raised as in typhoid and does not go as high or last as long as that of the agglutinin.

The slight phagocytosis developed after inoculation declines after about fifteen days.

The vaccine used in the U. S. Army is prepared from a culture originally isolated from a spleen autopsy and which has been under cultivation for many years. The culture is now almost avirulent for animals and, from the present knowledge on the subject, represents the ideal strain for protective purposes. The strain is capable of producing great quantities of antibodies and, on account of its slight virulence, the local and general reaction following its use, is slight.

The bacilli are cultivated on agar slants in large flasks and incubated for eighteen hours. The growth is then washed off with salt solution and the residue kept in a water bath for one hour at 56° C—greater heat it is found destroys immunizing power of the vaccine. The emulsion is counted, then diluted so that 1cc. represents 1,000,000,000 bacilli; a one-quarter of 1% Trikresol is added and the solution kept in sealed ampules.

Of course, careful tests are made on media and animals to insure absence from contamination.

The method of inoculation is as follows: A first injection of 500,000,000 bacilli or ½ cc. is administered subcutaneously preferably at the insertion of the deltoid; the area having been previously touched with tincture of iodine. A second inoculation of 1 cc. is given at the end of ten days, or, at most, two weeks after the first, and is followed by a third after a like period.

The vaccine is best given about 4 P. M. so that the unpleasant symptoms attendant are about over by the following morning.

This completes the immunization—the antibodies developing fully at the end of each ten-day period.

The supposed theoretical danger of the negative phase after inoculation, and consequent liability to any present infection in this period, is now thought to be not present.

The immediate effects of injection are almost nil, only a slight stinging at the needle puncture. About five hours after there will be felt a slight headache, moderate degree of lassitude, and possibly some fever noted.

Locally, a red tender area, about three inches in diameter, appears, attendant with a moderate glandular enlargement in the axilla, lasting from 24 to 72 hours. The general symptoms are over in 24 hours, in about 95% of the cases.

Some cases develop more severe general and local reactions, but out of 34,284 inoculations, no dangerous effects have been reported.

A definite classification of reactions has been adopted in the U. S. Army. The cases developing no temperature, few general symptoms and slight local effects are classed as none, those with a temperature below 100° are classed as mild, next between 100-103° moderate, and over 103° severe. Russell's figures in cases reported for 1910 are:

First Dose—10,757 cases:
62%—no reaction.
32.3%—mild.
5.0%—moderate.
0.7%—severe.

Second Dose—10,383 cases:
67.83%—no reaction.
25.67%—mild.
6.03%—moderate.
0.46%—severe.

Third Dose —8,038 cases:
78.32%—no reaction.
16.24%—mild.
5.05%—moderate.
0.24%—severe.

In my own cases, out of 1,100 vaccinations there was a percentage of 94 with absent or mild reactions, 5% of moderate, and 1% of severe reactions.

The protective power of the vaccine is amply demonstrated by statistics. The morbidity rate

is decidedly lowered—the mortality rate likewise. The protective power of the vaccine increases in ratio to the number of doses received up to three, and the severity of the attack is lessened in like manner. As to the protective value of doses, I may quote from Kuhn's tables: "Nearly 60% of fatal cases occurred in those receiving one dose; 33% in those having received two doses, and only 8% with three doses.

In the U. S. Army, out of 12,644 vaccinated persons there have been five cases and no deaths, while, at the same time, in those not vaccinated there have been 418 cases with 32 deaths.

The last and best figures and those most convincing, are those quoted by Lieutenant-Colonel Kean, of the Surgeon General's office, in his article on the sanitation of the recent maneuver division in Texas. The troops were four months in the field in a close camp, flies were quite prevalent, but in the inoculated command of 12,801 men and officers, only one case of typhoid appeared. At the same time in San Antonio, the adjacent city, there were 49 cases of typhoid with 19 deaths.

Compare these figures with those of 1898 when in the Seventh Army Corps, assembled at Jacksonville, Florida. Of 10,759 soldiers not vaccinated there were 1,729 cases of typhoid, with 2,693 probable cases, and 248 deaths for the total.

The typhoid vaccination will prove its value in the following cases:

1. All persons in the presence of an epidemic.
2. Armies.
3. Nurses, hospital attendants and doctors.
4. Camping parties, travelers and itinerant traders.
5. The youth of all conditions.

DISCUSSION

DOCTOR C. G. JENNINGS, in opening the discussion, said the army had given to the world, in the recent Texas maneuvers, a most remarkable example of prophylaxis as regards typhoid fever—quite a contradistinction to that of the Spanish-American war—one case of typhoid in an army of 12,000 soldiers in four months—indeed, a startling result. He has had no personal experience, but already an intelligent family in which he has now under observation a suspected typhoid, had consulted him as to the possibilities of vaccination for prophylaxis to the other menbers. He suggested its use for nurses, internes and others of hospitals, while the medical students and physicians might avail themselves of its benefits.

The experience of the army filters to the public slowly. Here then was an opportunity for the physician to again demonstrate his excuse for existence by enlightening the public.

DOCTOR E. M. HOUGHTON: Dr. Hartsock stated that a few cases showed untoward reactions to the vaccine. It may be comforting to the patient to have his attention called to the probability that the greater the reaction to the vaccine, the more pronounced will be the immunity conferred.

Since, as Dr. Hartsock points out, our statistics may be vitiated by the counting of the paratyphoid cases that occur as typhoid, it would seem to me wise that we should combine the two organisms in the same vaccine and protect the patient against both diseases. I do not recall that anyone has tried this out; perhaps some work has been done in the army service or elsewhere. If so, I should be very pleased to have Hartsock explain to us exactly what has been accomplished.

An element of safety in connection with typhoid vaccination that is of considerable importance is the fact that no harm will come to the patient even though he already be in the first, or even later, stages of the disease. It may be that such vaccination will have a curative value as pointed out by Leishman and a number of others, particularly as the dose of the vaccine is a large, one and he showed that only large doses of vaccine give evidence of curative results.

I may answer the question raised by Dr. Jennings as to whether the public will become interested in this subject to any great extent, by calling his attention to the recent action of the State authorities of Georgia, who are making arrangements for state-wide vaccination. In order that general vaccination might be more popular, it would seem that the experiments of Wright and his co-workers on the internal administration of the vaccine should be studied further, even though their results thus far have been so variable that we cannot consider them of practical importance.

DOCTOR VICTOR C. VAUGHAN said since typhoid is a self-limited disease it must lend itself to the development of artificial immunity. He cited a case of his own experience in which the father of the household had recovered from

typhoid and later his daughter contracted the disease. The matter of prophylactic vaccination had presented itself to his mind—here then would have been an opportunity in which it might have been used. Fortunately for Detroit, our water supply is above suspicion, so we have opportunity to study cases not in epidemics, but only from cases transmitted from individual to individual. The recent army experience was to him conclusive, but he suggested that inoculations be made with a vaccine of the whole germ until something better was developed.

DOCTOR JOSEPH SILL said that typhoid was an ideal disease for experimentation, since its bacteriology was definitely known, its course continued over quite a definite period of time and large numbers of cases could be grouped and observed. Also since it is a general infection, in contradistinction to diptheria in which such brilliant results have been obtained—it is no wonder that at last a means of real prophylaxis had been obtained.

He looks for even better results as time gives opportunity for further research.

Doctors G. E. McKean, F. B. Tibbals, A. D. Holmes, B. R. Shurly and R. W. G. Owen also discussed the paper. Doctor Owen, urging that the vaccine be so made as to influence the paratyphoids as well as the typical typhoid of Eberth. He cited a certain commercial vaccine that had been proven absolutely inert, and suggested that its probable activity could be readily determined in any properly equipped and manned laboratory.

DOCTOR HARTSOCK, in closing his paper, mentioned, among other contra-indications for the vaccine's administration, the use of alcohol in all forms for at least twenty-four hours following its use.

Menstruation, for four or five days preceding, or a like number of days succeeding, also constituted a contra-indication.

He pointed out also the possibility of a future use of a toxin alone, instead of a vaccine of dead bacilli, even through the agglutination was not so high as with dead bacilli. A vaccine might clear up a typhoid infected gall bladder, typhoid abscesses, or typhoid cystitis. He has his doubts in its ability to ameliorate cases already infected.

The method of inoculation consists in the subcutaneous use of ½ cc. of the vaccine as obtained from the government laboratories, in three separate administrations, with an interval of ten days between each. Three administrations of the above quantity will confer full immunity.

Upon the motion of Doctor Jennings, a unanimous vote of thanks was extended to Major Hartsock for his very instructive paper.

LIBRARY NOTES

During the Annual Meeting of the Michigan State Medical Society the usefulness of our Medical Club House more than made itself manifest.

Committee meetings have taken place almost daily. The registration of members of the Michigan State Medical Society began at the Club House Tuesday. On Thursday evening Open House was held for visiting physicians.

All the week the Cafe was patronized as never before and at almost any time one could find visitors going over the building, admiring and commenting upon the progressive spirit shown by our County Society.

May it fall to our lot to soon again help entertain the State Society.

During the summer months considerable progress has been made in arranging and cataloging the books in the library. There are now over 9,000 non duplicates and over 3,000 duplicates. Among the latter are some very valuable sets of periodical literature, lists of which, together with lists of our wants, will be sent to other medical libraries. In this way it is hoped to complete some of our broken sets.

We are now in position to furnish a large part of any ordinary list of references. Any member wishing to look up articles, need only telephone Miss White, the librarian, and the desired books will be placed on the work-table ready for use. We have a complete set of the "Index Medicus" and of the Index to Current Literature, published by the American Medical Association. References may, therefore, be readily obtained.

Recent donations have been received as follows: Doctor Vincent Greco, 1 vol.; Doctor H. N. Torrey, 23 vols. and unbound files; Frederick Stearns & Co., 258 vols.; Mrs. E. G. Knill, 53 vols.; Doctor C. B. Burr, 195 vols. and unbound files; Doctor W. P. Manton, 228 vols.; Doctor Herbert M. Rich, 9 vols, and unbound files; Doctor C. S. Oakman, 62 vols. and unbound files.

ROLLAND PARMETER. *Correspondent.*

NEWS

Dr. R. E. Balch, Kalamazoo, has resumed practice after three month's illness.

Drs. George L. LeFevre and Frank W. Garber, Muskegon, sailed for Europe, August 26, 1911.

Dr. Ansel B. Smith, Grand Rapids, was operated on recently in Ann Arbor for appendicitis.

Dr. Ray C. Stone, of Battle Creek, was married October 4, 1911, to Miss Ethel Jane Pryor, of Houghton.

Dr. Charles L. Grube, formerly health officer of Saginaw, is reported to be seriously ill, as a result of overwork.

Houghton County, on August 22, awarded the contract for the construction of a county tuberculosis hospital to cost $10,000.

Drs. J. H. Kellogg and Jas. T. Case, Battle Creek, sailed for Europe, Oct. 1st, to attend the International Tuberculosis Congress, and for study at Vienna.

Dr. Zell L. Baldwin is said to have been prohibited, by a restraining order, from maintaining a tuberculosis sanitarium in the residence portion of Niles. He has removed to Kalamazoo.

On account of the overtaxing of the capacity of the Detroit Pubilc Library, about 4,500 of its medical books have been transferred to the custody of the Wayne County Medical Society.

Dr. W. den Bleyker returned to Kalamazoo last month, after three months' study in Neuheim, Germany. Pending the completion of his home on South Burdick street, he has opened offices in the Kalamazoo National Bank Building.

Dr. Harold A. Hume, of Owosso, was married September 20, 1911, to Miss Nina Beebe, of Ovid. Doctor Hume, a delegate from the Michigan National Guard to the Association of Military Surgeons at Milwaukee, September 26-27, attended that meeting in company with Mrs. Hume.

The State Board of Health, in a communication sent to the various Registrars and Health Officers throughout the state, has declared that Chiropractors cannot sign death or birth certificates; that when a certificate is received by a Registrar with the signature of a chiropractor on it, that death must be referred to the Health Officer, or the Coroner for investigation, and a burial permit cannot be issued until such certificate is signed by a regularly licensed physician, or by the Coroner. The same applies to midwives in respect to signing death certificates.

It is reported that one of the daughters of Marillius Jenson, the leper of Houghton County, is now under investigation, suspected of being a leper. Other States maintaining leper colonies have declined to accept Jenson and the State Board of Health is endeavoring to find a place for him where he can receive better care. The University Hospital has been suggested, but definite arrangements have not yet been made.

Dr. J. A. Christenson, the Secretary of the Manistee County Medical Society, and formerly President of that Society, has moved to Chicago, and as a testimonial of the esteem in which he is held, every member of the Manistee County Medical Society was present at a dinner tendered to him on September 21st, at which all wished him success and God-speed in his new location at 917 Belmont Ave., Chicago, Illinois.

The New York Skin and Cancer Hospital announces that Dr. L. Duncan Bulkley will give a series of clinical lectures on "Diseases of the Skin," in the Out-Patient Hall of the Hospital on Wednesday afternoons, from November 1st to December 20th, 1911, at 4:15 o'clock.

The course will be free to the Medical Profession.

Ground has been broken for an addition to Harper Hospital, Detroit, to cost about $400,000. The first building to be erected is to be six stories in height and of steel and cement construction. It is expected that the new addition will be ready for occupancy about Jan. 1, 1913.

The Secretary of the State Board of Health has addressed a letter to the various newspapers of the State, and to the Health Officers, urging that whooping cough and measles be more

promptly reported, and that the quarantine regulations of the state regarding these two diseases be enforced. In his letter he quotes a set of resolutions adopted by the Calhoun County Medical Society:

"RESOLVED, that the Calhoun County Medical Society, in regular session in the city of Marshall, appreciates the fact that pertussis (whooping cough) is one of the most fatal of the contagious diseases of childhood.

"RESOLVED, That the Calhoun County Medical Society hereby expresses its desire that, through the efforts of the State Board of Health, the public may be better instructed in the dangers of this disease, that the disease be reported and that stringent quarantine regulations be enforced."

Dr. Dixon points out in his letter the enormous death rate from these two diseases and urges their prevention. This action of the State Board of Health goes to show that the Medical Societies, if they will, can exert a great influence in enforcing proper public health regulations.

PROCEEDINGS OF THE STATE BOARD OF HEALTH

Lansing, October 13, 1911.

The next examination of embalmers will be held at Lansing, Michigan, November 15, 1911.

The State Board of Health has employed Miss Adele McKinnie, an expert investigator in eugenics, from the Eugenics Record Office, Cold Springs Harbor, Long Island, N. Y., as a special medical inspector, to investigate, during the next six months, the condition and extent of feeble-mindedness and mental deficiency in Michigan. Miss McKinnie's work will begin at the State Home for the Feeble-Minded and Epileptic, at Lapeer, Michigan, under the immediate direction of Dr. George S. Chamberlain, Medical Superintendent of that Institution.

With the especial approval of Governor Osborne, the State Board of Health authorized the Secretary to bring about an investigation of the occupational conditions in Michigan, with a view to prevention of unnecessary loss of life and health from conditions that can be remedied. This work is to have the immediate attention of the Department, a thorough investigation to be made of all industrial conditions that affect health and life.

The Secretary of the State Board of Health was appointed a delegate to attend an Association of Railway Surgeons, to be held in Chicago, October 18 and 19; also to attend the meeting of the American Public Health Association, at Havana, December 4 to 9, 1911.

The Clinical Congress of Surgeons of North America will meet in Philadelphia November 7 to 16, and a most excellent program has been provided, consisting of clinics in all the hospitals and papers in the evenings before the various local societies.

BOOK NOTICES

The Medical History of the State of Indiana, by G. W. H. Kemper, M. D., Illustrated. Chicago: American Medical Association Press, 1911.

In this little book Dr. Kemper has presented the life history of all the medical men in Indiana of whom he could learn. The subject matter appeared in the Journal of the Indiana State Medical Association during the past two years. It preserves the memory of the medical men of Indiana as could be done in no other way.

Manual of the Diseases of the Eye for Students and General Practitioners, by Charles H. May, M. D. Seventh edition, revised, with 362 original illustrations, including 22 plates, with 62 colored figures, New York: William Wood and Company, 1911. $2.00 net.

In this edition numerous paragraphs have been added upon subjects in which a special interest has been developed recently, for instance; Trachoma Bodies, Lagrange's Operation for Glaucoma, etc. As in the former editions of this work the colored plates are extremely good. The book is well illustrated and contains all the information the general practitioner would be expected to have on diseases of the eye and their treatment.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles by leading men of the Medical Profession throughout the World. Edited by Henry W. Cattell, A. M., M. D. Volume III. Twenty-first Series, 1911. Philadelphia and London: J. B. Lippincott Company, 1911. $2.00 net.

The suggestions covered in this volume are too numerous to even tabulate in the space at our command. Dr. C. C. Mapes, Covington, Ky., has presented an excellent article on the subject of fasting. This number contains the first of a series of articles by Thomas F. Reilly, of Fordham University, New York City, upon the "Successful Practise of Medicine." Taken as a whole this is a very interesting and valuable

paper, occupying nearly 60 pages, but there is one criticism. In places when certain facts are presented they are not absolutely accurate, for instance; he gives the formula for Lay Baptism as practiced by the Catholic Church, but he does not give it correctly. Speaking of Medical Defense he says "One of the State Societies, notably the New York State Society, undertakes to defend its members," etc. There are now something over 20 societies doing this work.

The Practical Medicine Series. Comprising ten volumes of the year's progress in medicine and surgery, under the general editorial charge of Gustavus P. Head, M. D., and Charles L. Mix, A. M., M. D. Vol. VI, General Medicine, edited by Frank Billings, M. S., M. D. and J. H. Salisbury, A. M., M. D. Series, 1911. Chicago: The Year Book Publishers, $1.50, series $10.00.

Like others of the series this book covers the advances made during the year, among which is noted favorable comment on the use of Salvarsan (606) in malaria. It is claimed that the arsenic content has a marked effect on the parasite, and that Enesol and Salvarsan are useful in cases where quinine fails to act.

Some new thoughts are given to the pathology and treatment of gall-stones. The reviewer is glad to see the comments of Eichler and Latz on cholagan, a "cure of gall-stones" as reported in 1903 and since used by Dr. Robert Glaser of Muri, Switzerland, many other Germans and some Americans, and for which extravagant claims have been made.

A peculiar disease simulating typhoid is described. Also a peculiar affection of the tongue resembling actinomyces in which no ray fungus could be identified.

Vol. VI in every way maintains the high standard set by its predecessors.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., assisted by Leighton F. Appleman, M. D., September 1, 1911. Lea & Febiger, Philadelphia and New York. Six Dollars per Annum.

The advances of the year in the subjects of Diseases of the Thorax and its Viscera, Dermatology and Syphilis, Obstetrics, and Diseases of the Nervous System are reviewed in this work by men eminently competent to bring them up to date. The literature of these various fields of medicine has been reviewed, collected and presented in an easily accessible manner.

Lippincott's New Medical Dictionary. Edited by Harry W. Cattell, M. D., Freely illustrated with figures in the Text. Second Edition. Philadelphia and London: J. B. Lippincott & Company, 1911.

This is the second edition in less than one year, which fact, of itself, speaks for the value of the book. The cover is of flexible leather, the type face clear and distinct, and the book thumb indexed. All the newest words are included, about 500 new ones being inserted within the year. We can do no better than recommend this book to any one desiring a good medical dictionary.

Anatomy. A Manual for Students and Practitioners, by John Forsyth Little, M. D., Second Edition, Revised and Enlarged. Illustrated with seventy-five engravings. Lea & Febiger, Philadelphia and New York, 1911.

This is a very complete manual and a quick review of the essentials of anatomy. It must be classed in the Quiz Compend class of books about whose value there is a difference of opinion.

Gonorrhea in the Male. A Practical guide to its treatment, by Abr. L. Wolbarst, M. D. Published by International Journal of Surgery, New York, 1911.

Dr. Wolbarst has amassed a large amount of valuable information in a very small volume. The unnecessary details and matters that a hurried practitioner has not the time for have been eliminated.

It is a valuable little treatise for any general practitioner. The consideration of vaccines and other more recent methods is conservative.

BOOKS RECEIVED

Proceedings of the Council and of the Massachusetts Medical Society, Boston, 1911, containing a Directory of the Officers and Fellows.

The Panama Canal Zone, An Ephochal Event in Sanitation, by Charles Francis Adams, Boston 1911, pp. 38.

Transactions of the Florida Medical Association for the year 1911.

Merck's Manual, Fourth Edition, 1911.

Five Illustrative Cases of Primary Melano sarcoma of the Choroid, by J. H. Woodward B. S., M. D., reprinted from the Post-Graduate, for July, 1911.

SURGICAL SUGGESTIONS

American Journal of Surgery.

In an injury to the elbow gentle palpation and study ot the relations of the bony landmarks —the olecranon, the condyles, the head of the radius—is very often quite sufficient to establish a diagnosis without painful manipulation.

The X-Ray shadow ot a deposit in the subacromial bursa may easily be mistaken, by the inexperienced, for that of a fracture of the tuberosity of the humerus.